Information Update Page

Information Update for Your Child's School Nurse

Help us provide optimum care for your child by providing us with information as needed to keep us apprised of your family's home and health situation. You may make a copy of this form and send it to school with your child. Please feel free to call, e-mail, or visit with me in the clinic regarding this information.

This is NOT a request for student to go have an examination.

Phone # (979) 743-4221 or e-mail address: www.cindy.kalina@schulenburg.txed.net

| Name of Student_ | | | Grade: | |
|--------------------------|--------------------------|---------------------|----------------------|--------------------------|
| Name of Parent: | | | | |
| Demographic Change | | | | |
| _ | | | | date: |
| | - , , | ` , | | of date: |
| ******** | ******* | ******** | ******* | ******** |
| Has your child's visio | on been tested outside | e of school? | _YesNo | |
| If yes, Results: | | | | |
| Normal: | Other | | | |
| Date of Exar | n: | | | |
| | or glasses Rx Chang | | | |
| | | | | |
| | | | | |
| • | ring been tested outsi | de of school? | YesNo |) |
| If yes, Results: | | | | |
| | Other | | | |
| | | | | |
| learing Aids? | Surgery: | | Date: | |
| | | | | |
| My child has been to | a physician and has | been told that he/s | he has the following | g new medical condition: |
| Asthma | Seizures Diabetes | | Heart Condition | |
| Broken Bone | Eye proble | m | Ear problem | Stomach Problem_ |
| Headache | Skin problem | Allergies_ | | (medication or food) |
| Other | | | | |
| | | | | |
| Any medications you | r child is currently tak | king at home? | | |
| | , | | Time(s) give | en: |
| | | | | en: |
| Medication: | | D030 | | |
| Medication:_ Medication: | | | | en: |

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Any other confidential or other information you feel will help us to understand and care for your child?

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