



# Cleveland Heights – University Heights City Schools Student Health Update

To better serve the needs of your child, please assist us in updating your child's health status by providing the following information:

STUDENT NAME: \_\_\_\_\_ ( \_\_\_\_\_ )  
ID- SCHOOL USE

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

**CURRENT MEDICAL HEALTH CONCERNS:** (check all that apply, and explain below)

none  diabetes  ADHD  seizures  asthma  emotional/behavioral

other: \_\_\_\_\_

\_\_\_\_\_  
Please explain checked areas

**ALLERGIES:** (check all that apply; include medications used to treat a reaction)

none  food \_\_\_\_\_  
please include all food allergies, type of reaction(s), and any classroom treat restrictions

other allergies (example: bee sting, latex, or other significant allergy)

\_\_\_\_\_  
please explain allergy and reaction and treatment

**MEDICATIONS:** *Does your child take medication for any reason?*

no  yes: \_\_\_\_\_  
please specify medications, including when and why they are taken

**\*\*\* Will your child need to take any medications during school hours:**

inhaler  epi-pen/benadryl  ADHD med  other med: \_\_\_\_\_  
***No student may take or carry any medications without a completed medication form on file.***

**VISION:** *Does your child wear glasses or contacts?*

no  yes, but glasses are lost/broken  yes, wears glasses  yes, wears contacts

**HEARING:** *Does your child have hearing problems?*  no  yes: \_\_\_\_\_

**IF YOUR CHILD HAS SIGNIFICANT HEALTH CONCERNS, PLEASE PERSONALLY CONTACT THE NURSE AT YOUR CHILD'S SCHOOL.**

\_\_\_\_\_  
**PARENT / GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**\*\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL AS SOON AS POSSIBLE \*\*\*\***