

WELLESLEY PUBLIC SCHOOL
Health Information Up-date

TO: Parent/Guardian
FROM: Your School Nurses

To assist us in keeping your son/daughter's record up to date, please complete this form and return it to his/ her school.

Child's Name _____ Teacher _____ Gr/HR/YOG _____

1. Has your child had any illness or accident since the close of school in June?

Yes _____ No _____

If so, please explain.

2. Does your child have any allergies?

Yes _____ No _____

If so, please explain.

3. Does your child have any condition that could interfere with school activities?

Yes _____ No _____

If so, please explain. _____

4. Does your child wear glasses and/or contacts (please specify)?

Yes _____ No _____

If so, please explain when worn. _____

5. List any medication, including inhalers, your child takes at home or at school.

_____	_____
_____	_____
_____	_____

PARENT/GUARDIAN SIGNATURE

DATE

