



SCHOOL NURSING SERVICES

MEDI-ALERT INFORMATION UPDATE
PLEASE COMPLETE AND RETURN TO THE SCHOOL NURSE

Date _____

Dear Parent/Guardian,

Our health records indicate that your child, _____, has
_____. In order to update our records, and to care for your child in school, it is
important that we have the most recent health information.
Please take the time to answer the following questions:

1. **When was the last time he/she was seen by the doctor for this condition?** _____

- a. Name of doctor _____
Address _____ Telephone _____
- b. Results of examination _____
- c. Next appointment _____
- d. Are there any restrictions needed in school? _____ Yes _____ No
If yes, explain _____

2. **Does your child take any medication?** _____ Yes _____ No

Please list ALL medications Dose/Amount Time taken

Will your child need to take medication in school? Yes ___ No ___

3. **Current health insurance** _____

4. **Is there anything else you would like us to know about your child?**

Please sign the enclosed permission form 4001 so that we may contact the doctor if necessary.

PLEASE RETURN TO THE SCHOOL NURSE