



**Our Lady of Fatima School**  
1625 Center Avenue  
Los Banos, CA 93635  
(209) 826-2709

### Health Information Update

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent:

Each year we plan to update student health records. We would appreciate your cooperation in completing this form. Please return it to school as soon as possible.

Please check all items pertain to your child:

- \_\_\_\_\_ Wears glasses: If yes, date of last exam \_\_\_\_\_
- \_\_\_\_\_ Bee sting reaction (only if child needs injection and immediate emergency care)
- \_\_\_\_\_ Asthma: Date of last attack or hospitalization \_\_\_\_\_
- \_\_\_\_\_ Inhaler (at school) – Name of medication: \_\_\_\_\_
- \_\_\_\_\_ Contact lenses
- \_\_\_\_\_ Allergies (please explain below)
- \_\_\_\_\_ Heart problems: If yes, give specific diagnosis below
- \_\_\_\_\_ Medication (please explain below)
- \_\_\_\_\_ Hearing aid(s)
- \_\_\_\_\_ Orthopedic problem: If yes, give specific diagnosis and current needs below
- \_\_\_\_\_ Diabetes (please explain time of blood test and insulin dosage)
- \_\_\_\_\_ Any other problems not listed (please explain below) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of any prescription medication your child is currently taking at home or at school:

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The only medications which can be administered at school are those that come in a bottle with the prescription and dosage attached, and for which the school has a completed medication form. Forms are available in the school office.

I understand the above information may be disclosed to the teachers and other school personnel for the purpose promoting my child's safety at school

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Relation to child

\_\_\_\_\_

Date