Auburn Enlarged City School District
School Health Services
HEALTH UPDATE
(Every 30 days – update may be required)

School _____

Please complete the following information and return to your student's teacher.

Teacher _____

Student's Last Name _____ First Name _____ Grade _____

Address _____Phone _____ Birth Date _____

In case of accident or illness, it is mandatory that you provide the following information for emergency calls:

Name	Last	First	Address	Phone/Cell#	Work Name	Work Phone
Mother						
Father						
Stepparent						
Guardian						

List TWO persons (relatives/daycare/neighbor) who will assume temporary care of your child if you cannot be reached.

Name	Relationship	Address	Phone	Work Name	Work Phone

Physician Name _____ Dentist Name _____

Has child ever attended an Auburn school? No ___ Yes ___ If Yes, what school _____

In case I cannot be reached, I authorize the Auburn School District to render such treatment as may be necessary in an emergency for the health of my child. I give my permission to the school official in charge to obtain the services of the nearest ambulance, rescue service, family physician on record, or other physician if my own is not available, to provide immediate and necessary care.

This form will be utilized for the current school year. The information will be shared with appropriate instructional staff, the transportation department, and Health Services. It will also be available on field trips and in the event of an emergency will be given to emergency personnel.

Date _____ Signature of Parent/Guardian X _____

Does Child Have:	**Yes**	**No**		**Yes**	**No**		**Yes**	**No**
Allergies	___	___	Seizure Disorder	___	___	Asthma	___	___
Bee Sting Allergy	___	___	Diabetes	___	___	Hearing Disorder	___	___
Attention Deficit (ADD, ADHD)	___	___	Bladder/Bowel Problem	___	___	Vision Disorder	___	___
			Skin rash/eczema	___	___	Glasses/contacts	___	___
Medication*	___	___	Headaches/Injury	___	___	Heart Murmur	___	___
Stomach aches	___	___	Ear Infections	___	___	Other (chicken pox	___	___
Broken bones	___	___	Tubes in ears	___	___	mononucleosis, etc)		

If you answered yes to any of the above, please explain: _____
_____
_____

Surgery _____ Accident/Injury _____

*Medication: Name/dose/frequency/Physician/reason for medication _____
_____

If any of the above information changes during the course of the school year, please notify the School Nurse as soon as possible.
NYS Education Law requires school district to have on file signed instructions for emergencies from parents/guardians.

Revised 4/2010