NORTH SHORE SCHOOL DISTRICT
112 Franklin Avenue
Sea Cliff, N.Y. 11579

MEDICAL UPDATE

Dear Parents:

Please complete the following information ONLY if there are any changes that occurred over the summer and return this form to the school nurse.

Name of Student: _____ Grade:_____

1. Any NEW allergies, illnesses, operations or serious accidents that the health office does not presently have on file _____
   _____

   *Please explain: _____

2. Is your child taking any regular medication? _____

   *Please explain: _____

3. Any Boosters or Immunizations since last September? If yes, please send in doctor's verification to update your child's health record. _____

_____
Signature of Parent or Guardian

*** PLEASE KEEP THE HEALTH OFFICE UPDATED REGARDING DEPT. OF HEALTH REPORTABLE ILLNESSES SUCH AS STREP THROAT, HEAD LICE, CHICKEN POX, CONJUNCTIVITIS AND THE FLU. REPORT ANY SERIOUS INJURIES AND/ OR ACCIDENTS TO THE HEALTH OFFICE.**