

Kenmore-Town of Tonawanda Union Free School District
Student Services/Health Services

Health Office Update

Date: _____

Health Information for: _____
(Name of Student) (Grade)

Dear Parent/Guardian:

1. Please list any allergies, asthma, or other medical or health problems your child currently experiences:

2. List any medications your child is taking or will be taking during the upcoming school year:

3. List any modifications which may be required in the school environment, daily school routine or schedule:

I certify that the above health information may be shared with teachers or staff on a need-to-know basis:

(Signature of Parent/Guardian)

(Date)

Sign and return this form to the school in an envelope marked
Confidential to the attention of school nurse:

Gather Smack

(School Nurse)

St. Andrew's

(School)

877-0422

(Telephone Number)