



# CROWLEY'S RIDGE ACADEMY

## SCHOOL HEALTH UPDATE

GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

TELEPHONE HOME \_\_\_\_\_ CELL \_\_\_\_\_

WORK/MOTHER \_\_\_\_\_ WORK/FATHER \_\_\_\_\_

PERSON TO CONTACT IF ABOVE CANNOT BE REACHED:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

TELEPHONE HOME/CELL \_\_\_\_\_ WORK \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_

HEALTH PROBLEMS: ASTHMA, ALLERGIES, DIABETES, HEARING, VISION, EPILEPSY, HEART CONDITION,  
OTHER: \_\_\_\_\_

MEDICATION TAKEN FOR HEALTH PROBLEMS:

NON-PRESCRIPTION MEDICATION THAT CAN BE GIVEN AT CRA:  
PLEASE CIRCLE MEDICINE THAT CAN BE GIVEN TO YOUR CHILD:

TYLENOL (ADULT) 500 MG \_\_\_\_\_

TYLENOL (CHILDREN'S) 80 MG \_\_\_\_\_

TUMS (ANTACID TABLETS) \_\_\_\_\_

IBUPROFEN 200 MG \_\_\_\_\_

ALEVE \_\_\_\_\_

BENADRYL \_\_\_\_\_

ZYRTEC 10 MG \_\_\_\_\_

CLARITIN 10 MG \_\_\_\_\_

CHILDREN'S CLARITIN 5 MG \_\_\_\_\_

COUGH DROPS \_\_\_\_\_

ROBITUSSIN DM \_\_\_\_\_

NO MEDICATION (NOTIFY PARENT OR ANY COMPLAINT OR INJURY) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_