Chartiers-Houston School District

Medical Information update 2026-2027

Student's Name: _____ Grade 7

1. Is there anything new regarding your child's health? Yes No
   If yes, please list: _____
2. Is your child allergic to bee stings, medicine, plants, or food? Yes No
   If yes, describe allergen, reaction and what relieves symptoms:
   _____
3. Does your child take medication on a daily basis at home? Yes No
   If yes, please list: _____
4. Will your child need medication regularly at school? Yes No
   If yes, please contact the school nurse on the first day of school.
5. List any other concerns: _____

Dental Exam

Seventh grade students are required to have a dental examination. You may choose to have your own dentist complete the examination at your expense, or you may choose to have the exam completed by the Chartiers-Houston School District's dentist at no cost to you. Please indicate your choice.

_____ I WILL HAVE MY FAMILY DENTIST COMPLETE THE EXAM

_____ I GIVE PERMISSION FOR THE SCHOOL DENTIST TO EXAMINE MY CHILD.

Signature: _____

My child may be given Tylenol/Advil/cough Drops/Antacids at the discretion of the School Nurse and in accordance with the orders of the School Physician.

_____ _____

Date Parent/Guardian Signature

Information provided by my physician or me is used to update the student medical record. To ensure the safety of my child, information may be shared with school staff and emergency care personnel.

_____ _____

Date Parent/Guardian Signature