

CASA 2020-21 Health Update

Student Name: _____ DOB: _____ Grade/Art: _____

Please complete the following information for CASA to provide appropriate and safe care during the school day and in case of emergencies.

Health history update (please update during the school year as needed).

List any serious illness, operation, injury, or special health problems, including allergies, asthma, cardiac conditions, diabetes, food/diet issues, mental health concerns, seizures, or other:

List or attach a list of any medications your child is taking regularly or for emergencies (written health care provider orders are required for over the counter or prescription medications needed at school):

In the event of a serious emergency that may require the evaluation of your child at a hospital, 911 may be called and your child may need to be transported to the hospital by ambulance. This service is NOT paid for by the school.

Signature of parent/guardian: _____ Date: _____

Parent/guardian phone number: _____

Please contact the nurse's office throughout the year with any questions and updates: astillwater@casa-arts.org or 717-732-8450 ext. 7512

You may return this form to the nurse's office or email it to astillwarter@casa-arts.org.

Thank you!