



**HEALTH UPDATE FORM
BELTON SCHOOL DISTRICT #124**

The Belton School District Health Services are dedicated to providing the best possible service to our students. Parents are encouraged to contact the nurse's office throughout the school year to report changes in the student's health status or information.

Student's Name _____ Sex _____ Birthdate _____
Last First Middle

Address _____ Home Phone _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Physician _____ Phone _____

Neighbor or LOCAL relative to be called in case parent cannot be reached.

Name _____ Phone _____

In case of serious emergency when a responsible party is not available, the Belton School District reserves the right to call an ambulance. Your child will be taken to Belton Research Hospital for emergency treatment. Parents will be financially responsible for the ambulance fees.

Please list any medical conditions, serious illnesses, operations or injuries and give dates. Also list any long-term medications your child is taking. **PLEASE NOTE UNLESS OTHERWISE REQUESTED BELTON SCHOOL DISTRICT HEALTH ROOM PERSONNEL WILL SHARE THIS INFORMATION WITH SCHOOL STAFF MEMBERS WHEN THIS INFORMATION IS NECESSARY FOR THE HEALTH, SAFETY OR WELL-BEING OF THE CHILD.**

Parent/Guardian Signature: _____ Date _____

Please list any current long-term medication your child is taking, including dosage and frequency.

Thank you for helping us keep our information on your child current. This helps us to ensure the safety of our students and enables us to contact the appropriate person in case of an emergency.