

Craven County Schools Medical Update Form

Student Name: _____

Grade: _____ Teacher: _____

The following information is requested so that staff will be aware of any medical issues pertaining to your child and to be in compliance with State Policy HRS-E-001 and Craven County Schools policy 4270/6145 (Return to Learn After Concussion).

List any medications your child currently takes that you wish the school to be aware of:

List any life threatening allergies that your child has:

List any surgeries or medical conditions that the school may need to be aware of:

Does your child wear glasses? yes no

Has your child suffered a concussion or head injury in the last year? yes no

If you answered "yes" to the question above, please answer the following:

Date of the concussion? _____

Was your child seen by a doctor? yes no

If your child is still suffering from the effects of the concussion, please list any symptoms they are experiencing that may impact their learning.

***If your child suffers a concussion or head injury, please make your child's teacher aware prior to their return to school. A team (nurse, counselor, teacher, administration and parent) will identify the "return to learn" needs of your child which may include rest, modified assignments, a reduced schedule and avoidance of certain activities. It is important that the brain have time to recover from a concussion before resuming a normal schedule and work load.**

Signature of parent/guardian: _____

Date: _____