

**Returning Student Health / Nutrition History Update**

CHILDS NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COMMUNITY: \_\_\_\_\_

		<b>Yes</b>	<b>No</b>	<b>Explanation</b>
<b>1.</b>	Has anything changed regarding your child's health or behavior?			
<b>2.</b>	Has your child had any serious illnesses or accidents over the summer months?			
<b>3.</b>	Has there been any change in your child's eating habits?			
<b>4.</b>	Has your child developed any allergies he did not have last year?			
<b>5.</b>	Would you like any help or information regarding your child's health?			
	If yes, what topic or question could we help you answer or discuss?			

Please use this space to further explain any of the above answers or if describe if there is any way that we can help you with any child health concerns:

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_