

**Pearl River School District  
Pearl River, NY**

**Summer Health Update**

To Parents/Guardians:

Please complete the following information & return to the school Health Office as soon as possible so we can ensure your child's needs are met in the school setting & update our health records.

**IF THERE ARE NO CHANGES, PLEASE JUST FILL IN STUDENT'S NAME,  
SIGN THE FORM & RETURN**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

During the past year, has your child had the following:

**Serious injury** – yes / no

If yes, please explain: \_\_\_\_\_

**Serious illness** – yes / no

If yes, please explain: \_\_\_\_\_

**Surgery** – yes / no

If yes, please explain: \_\_\_\_\_

**Allergic reaction** – yes / no

If yes, please explain: \_\_\_\_\_

**Current medications** (please list): \_\_\_\_\_

Does your child have any **activity restrictions** (physical education, sports, recess):

yes / no

If yes, please explain: \_\_\_\_\_

(Please note if there are any restrictions you must supply us with a **current MD note**  
stating the reason and duration of the restriction)

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_