

# West University Elementary School

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Houston Independent School District  
*Texas Education Agency Exemplary School*  
*Texas Business & Education Coalition Honor Roll School*  
*Texas Monthly Best Public School in Texas*



## Health Information

Please complete this form and return it to your child's homeroom teacher as soon as possible. The information you provide will enable the school staff to have a better understanding of your child's health status.

PLEASE PRINT

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Over the past year has your child had any of the following (please explain in the blank provided):

Infectious Diseases: \_\_\_\_\_

Immunizations: \_\_\_\_\_

Major accidents: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Please list:

Any allergies: \_\_\_\_\_

Medications taken at school or home regularly including dosage: \_\_\_\_\_

Medications needed in the event of an emergency: \_\_\_\_\_

Is there any other health information you would like to share with the health staff at West University Elementary School?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Name (printed) Signature Date

*"We Strive For Excellence"*

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