

2008-2009 Student Medical Survey Update Form
Wake County School Nurse Program

Name of Student		Date of Birth		Grade for 2008-2009	
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This survey seeks to identify those students who have a chronic disease. If you have one of the following diseases, please check the name or add any others that have been diagnosed by your doctor.

- DIABETES
- ASTHMA
- EPILEPSY
- OTHER _____

If you have checked one of these diseases or have any others, please describe your health concern.

***If medication is to be taken by you at school, please obtain a medication form from the Student Services Office. Completed medication forms (with the medication) should be brought by your parent to the Student Services Office.

Doctor's Name		Phone		
Parents' Names		Home Phone		
Father's Work Phone		Mother's Work Phone		
Siblings		School		
Siblings		School		
Insurance		Other Insurance		
Medicaid				

This form should be completed and mailed to the following address prior to **August 25**:
Leesville Road High School
8409 Leesville Road
Raleigh NC 27613

This form will be accessible to teachers and staff.