Fort Cherry School District

110 Fort Cherry Road
McDonald, PA 15057
724.796.1551 *phone*/724.356.2769 *fax*

Ms. Jessica Cole, High School Principal
Mr. Timothy Witenske, Assistant High School Principal
Mrs. Lindsey Richards, Elementary School Principal
Mrs. Brianne Eiler, Student Service Coordinator
Mrs. Katie Dunleavy, High School Nurse
Mrs. Chrystal Yates, Elementary School Nurse
Dr. Brian Harvey, Director of Pupil Services

The children are the focus…working together is the method.

Student Medical Information Update Form

School Year: 2026/2027

Student Information

- Student Name: _____
- Date of Birth: _____ Grade: _____

Parent/Guardian Information

- Parent/Guardian Name(s): _____
- Phone Number(s): _____
- Email Address: _____

Medical History (Check all that apply)

Please indicate if your child has any of the following:

☐ Asthma
☐ Allergies (food, environmental, medication)
☐ Diabetes
☐ Seizure Disorder
☐ Heart Condition
☐ ADHD/ADD
☐ Anxiety/Depression
☐ Other (please specify): _____

Allergies

- Does your child have any allergies? ☐ Yes ☐ No
  If yes, please list and describe reactions:
  _____
  _____
- Does your child require an EpiPen? ☐ Yes ☐ No

Medications

- Does your child take any medications? ☐ Yes ☐ No
  If yes, please list:

- Will medication need to be given during school hours? ☐ Yes ☐ No

Medical Concerns or Conditions

Please provide any additional details the school nurse should be aware of (including recent diagnoses, hospitalizations, or changes in health):

Emergency Information

- Physician Name: _____
- Physician Phone: _____
- Preferred Hospital: _____

Permissions & Acknowledgment

I understand that it is my responsibility to notify the school of any changes in my child's health throughout the school year.

Parent/Guardian Signature: _____
Date: _____