BENHAVEN

50 North Plains Highway
Wallingford, CT 06492
Telephone: (203) 774-0008
Fax: (203) 774-0031

Student Change of Medical Information

Student Name: _____Date of Change: _____

Student DOB: _____

Please list current medications:

Medication	Reason	Dosage	Administration During School?	Date Started

Please list any allergies or allergic reactions (if has experienced, reacted to what and at what age?

_____
_____
_____

Comments:_____
_____
_____
_____

Medical Insurance: _____

Policy #: _____Policy Holder (whose name is it in): _____

Parent/Guardian name_____

Parent/Guardian signature_____