

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
RETURNING STUDENT HEALTH HISTORY UPDATE**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. sections 2164 and 20 U.S.C. sections 921-932.

PRINCIPAL PURPOSE: To obtain health information about a student enrolling in Department of Defense Education Activity (DoDEA) schools and programs to protect and enhance student health and to promote a safe school environment.

ROUTINE USES: DoDEA may release information without prior consent within the DoD when needed to perform an official DoD duty, in accordance with 5 U.S.C. section 552a(b)(1). DoDEA also may release information outside the DoD, in accordance with 5 U.S.C. section 552a(b)(2-12), and the "Blanket Routine Uses," published at <http://www.defenselink.mil/privacy/notice/osd>. Examples of release may include for valid medical, law enforcement or security purposes, or for use in litigation involving the DoD.

DISCLOSURE: Disclosure to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services.

Name (<i>Last, First, Middle Initial</i>)	Grade:
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Have there been any changes in your child's health status since last school year? No Yes
(If "Yes", you will be directed to DoDEA Form 2942.0 0-M-F1, November 16, 2011/SHSG: H-1 for completion.)

Does your child have any NEW health conditions that the school should be aware? No Yes
(If "Yes", you will be directed to DoDEA Form 2942.0 0-M-F1, November 16, 2011/SHSG: H-1 for completion.)

Does your child take any new medications? No Yes *
(If "Yes", you will be directed to DoDEA Form 2942.0 0-M-F1, November 16, 2011/SHSG: H-1 for completion.)

* **MEDICATIONS DURING SCHOOL HOURS:** A **SHSG: H-3-2 or H-3-3** form must be signed by the physician and a parent; it must accompany prescribed medications that are to be given during school hours. The medication will be in the original container properly labeled by the physician or pharmacy. All medications will remain at school for the duration of the prescription.

Parent/Sponsor's Signature:	Date:
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