



Making A Difference Everyday

Medical Record Form 2021-2022

Child's Name _____

Birthday _____

Guardian 1 Name _____

Guardian 2 Name _____

Guardian 1 Address _____

Guardian 2 Address _____

Guardian 1 Hm Phone _____

Guardian 2 Hm Phone _____

Guardian 1 Wk Phone _____

Guardian 2 Wk Phone _____

Guardian 1 Cell _____

Guardian 2 Cell/Pg _____

Guardian 1 email _____

Guardian 2 email address _____

Dr.'s Name _____

Dr.'s Phone _____

Please check if your child has had any of the following illnesses or problems:

- Asthma, Allergy, Blood Disorder, Convulsions/seizures, Serious accident, Recent Family Change, Speech problems, Heart Disease, Kidney Disorder, Bone Problems, Chicken Pox Disease, Frequent nosebleeds, Rheumatic Fever, Hearing Loss, Vision Loss, Wears glasses, Diabetes, Epilepsy, Surgery

If you have checked any of the illnesses or problems, please explain further in this space

Four horizontal lines for explanation.

Does your child take any medication on a regular basis? Yes No

Name of Medication _____

Prescribed for _____

(Note: We will require a Special Medication Permit filled OUT BY A DOCTOR AND SIGNED BY THE PARENT BEFORE SCHOOL PERSONNEL CAN DISPENSE MEDICATION OF ANY KIND, EVEN OVER THE COUNTER MEDICINE.

Please let us know if you will need a "Medicine in School" form.)

