

**M**anson **N**orthwest **W**ebster **C**ommunity **S**chool

HEALTH REPORT UPDATE

2011-2012

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Other children in family (name & grade)

Medical Report for summer, past school year, or any ongoing health problems your child may have. Serious illnesses, operations, injuries, accidents, allergies, etc. \_\_\_\_\_

Does your child have asthma as diagnosed by a physician?  yes  no

Has your child had any allergic reactions to medications, foods, or insects?  yes  no

If yes, please list care required \_\_\_\_\_

Has your child been diagnosed hyperactive by your physician?  yes  no. If yes, please list medication, amount, and time of administration \_\_\_\_\_

Does your child have a seizure disorder as diagnosed by a physician?  yes  no. If yes, please list medication, amount and time given. \_\_\_\_\_

Has your child been identified as having a bleeding tendency?  yes  no

Does your child have diabetes?  yes  no. If so, please list the insulin type, amount and time given. \_\_\_\_\_

Does your child wear glasses?  yes  no. Does your child wear contacts?  yes  no

Is the correction for near vision difficulties?  yes  no.

OR distance vision difficulties?  yes  no

Please list any other health concerns you have for your child. \_\_\_\_\_

Any shots, boosters, or medications - Date \_\_\_\_\_

Name, address, and phone number of following:

dentist \_\_\_\_\_

eye doctor \_\_\_\_\_

medical doctor \_\_\_\_\_

emergency contact person (please list two) \_\_\_\_\_

Have they agreed to assume responsibility in case of an emergency?  yes  no

In case of emergency, if the doctor is called, it will be at parents' expense. If it should become necessary to take the child to the hospital, it will be at the parents' expense.

Do you give permission for your child to be given TYLENOL at school for headaches or other minor ailments?

yes  no

Signature of parent \_\_\_\_\_ date \_\_\_\_\_ home phone \_\_\_\_\_

Work number (father) \_\_\_\_\_ (mother) \_\_\_\_\_