



Dear Parents/Guardians:

Enclosed is your child's Medical Forms for the 2024-2025 school year. Please have your family doctor bring them up to date or fill out the new forms. Return them to your child's teacher in September.

Thank you for your cooperation.

Sincerely,

Mary Becker
Director



The information requested on this form will be of help to the school authorities in determining the health status of your child, and in assisting the child to receive maximum benefits from education.

NAME OF CHILD: _____

ADDRESS: _____ BIRTHDAY: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____ PHONE: _____

EMERGENCY PHONE: _____ CELL PHONE: _____

Has your child had any of the following:

ALLERGIES _____	MEASLES _____
OPERATIONS _____	SCARLET FEVER _____
SERIOUS ACCIDENTS _____	WHOOPIING COUGH _____
ORTHOPEDIC CORRECTIONS (SHOES) _____	POLIO _____
CHICKEN POX _____	

IMMUNIZATIONS:

MMR – DATE: _____, _____, _____, _____,

DIPETHERIA & TETNUS – DATE: _____, _____, _____, _____,

POLIO IPV or OPV – DATE: _____, _____, _____,

HEPATITIS B – DATE: _____, _____, _____, _____,

VARICELLA: _____, _____,

Is your child presently under medical treatment? _____

If so, please explain:

The above named child has been given a routine examination and has been found free of infectious or contagious diseases.

Doctor's Signature: _____

Telephone Number: _____

Address: _____

Date: _____