

CLEMENTON ELEMENTARY SCHOOL DISTRICT YEARLY MEDICAL UPDATE

Dear Parent / Guardian:

Please answer the following questions so that we may better meet your child's individual needs.

Child's Name: _____ Grade: _____ Homeroom Teacher: _____

Family Doctor: _____ Doctor's Phone Number: _____

1. Does your child take medications on a regular basis? Yes _____ No _____ If yes, please indicate the exact name of the medication, reason it was prescribed and by whom: (please complete **Medication Dispensing Form** for each drug to be administered at school) _____

2. Does your child wear any corrective devices?

_____ Eyeglasses _____ contacts _____ dental retainers _____ braces _____ other

3. Does your child have any _____ hearing problems or _____ hearing loss _____ hearing aid?

4. Has your child had tubes inserted into the ears by a physician to alleviate fluid and ear infections?

_____ Yes _____ No

If yes, when? _____ Doctor's Name: _____

5. Is your child allergic to:

_____ Pollen _____ Reaction _____
(plant)

_____ Insect sting _____ Reaction _____
(insect)

_____ Food products _____ Reaction _____
(food)

_____ Medication _____ Reaction _____
(medication)

_____ Other _____ Reaction _____
(describe)

6. Does your child react severely to any of the above? _____ Yes _____ No

If yes, explain: _____

7. Does your child have _____ asthma _____ diabetes _____ seizures _____ anxiety _____ depression?

8. Does your child have any medical condition(s) that would limit normal school activity, including physical education and play periods? _____ Yes _____ No

If yes, explain: _____

9. Please list any medical problems of which I should be aware of: _____

10. Has your child had any broken bones? Please state what bone and year of break: _____

Parent/ Guardian Signature: _____ **Date:** _____

I give permission for my child's medical information to be shared among pertinent staff members for the safety of my child's health.

