2017-2018 SY
Date:_____

Madonna Learning Center

Current Health Information

ALL NEW STUDENTS MUST HAVE COPY OF GREEN CARD OR IMMUNIZATION RECORD ON FILE.
(PLEASE ATTACH CURRENT COPY-If we have a copy, another one does not need to be sent.)

{If exempt from immunization, please give reason: _____}

Childs Name: _____Primary Care Doctor_____
Parents Names: _____ _____
_____
Height_____ Weight_____
Address(es):_____
_____
_____
Home Phone: _____
Mother's Cell: _____ Mother's work: _____
Father's Cell:_____ Father's work:_____
Other Physicians
w/specialty_____
_____
_____

Emergency Contact (other than Parents) Name:
_____
Contact Home Phone: _____ Cell Phone: _____
Relationship to student: _____
Diagnosis (please list all):
_____
_____
_____
_____

Insurance Information: Name of Company: _____
Insured Name: _____
Preferred Hospital: _____

Medications: (please list all prescription and non-prescription including dosages)
_____
_____
_____
_____

Allergies: Yes No

Medication ___ ___

Food ___ ___

Allergic To:

_____

_____

Hearing: Yes No

Hearing Aids ___ ___

PE Tubes ___ ___

Describe:

_____

_____

Dental: Yes No

Gum Problems ___ ___

Teeth Problems ___ ___

Describe:

_____

_____

Special Nutrition Concerns:

Special Diet: Yes____No_____

Describe:

_____

_____

GI Problems: Yes____No_____

_____

_____

Frequent Ear Infections:

Yes_____ No_____

Describe:

_____

_____

Vision: Date:__ Yes No

Wears Glasses ___ ___

Other _____

Oral Motor: Yes No

Swallowing Problems ___ ___

Oral Defensiveness ___ ___

Describe:

_____

_____

Heart Defects Yes No

Describe: ___ ___

_____

_____

Lung Problems: Yes No

Describe: ___ ___

_____

_____

Seizures: Yes No

Seizure Medication ___ ___

Type(s) of Medication _____

_____

Hearing Loss: Yes No

Describe: ___ ___

_____

_____

Tonsils/Adenoids: Yes No

_____

_____

2017-2018 SY

Date:_____

Past Surgeries:

Yes____ No ____

Describe:

_____

_____

_____

_____

_____

_____

Is this student free of communicable disease?

Yes____ No ____

Describe:

_____

_____

_____

Signature of Parent completing form:

_____

Date:

_____