



Madonna Learning Center

Record of Immunization

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: _____

Social Security Number _____

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 NoMedication Food

Allergic To: _____

Hearing: Yes NoHearing Aids PE Tubes

Describe: _____

Dental: Yes NoGum Problems Teeth Problems

Describe: _____

Special Nutrition Concerns:**Special Diet:** Yes No

Describe: _____

GI Problems: Yes No

Describe: _____

Frequent Ear Infections: Yes No

Describe: _____

Is this student free of communicable disease?Yes No **Vision:** Yes NoWears Glasses

Other _____

Oral Motor: Yes NoSwallowing Problems Oral Defensiveness

Describe: _____

Heart Defects Yes No

Describe: _____

Lung Problems: Yes No

Describe: _____

Seizures: Yes NoSeizure Medication

Type(s) of Medication _____

Hearing Loss: Yes No

Describe: _____

Past Surgeries:**Tonsils/Adenoids:** Yes No

Describe: _____

Parent Signature: _____ Date: _____