

HEALTH RECORD

2011-12

DUE DATE: JULY 28, 2011

This form must be completed for all NEW students and all returning students who received boosters since the start of last school year (Boosters are typically given at ages 2-6 and 11-13).

Full Name of Child: _____

Date of Birth: _____ Age: _____

- a) Indicate if your child has a handicap, learning disability, or medical condition (e.g., asthma) of which the school personnel should be aware:
- _____
- b) **The enclosed “Student Emergency Information Card” form needs to be completed in its entirety for every student.** This form provides staff with important information related to your child’s health, regarding allergies (food, drug, and environmental) and other health concerns.
- c) If your child has a serious allergy or medical condition, please inform SCM’s Health Coordinator(s) and request an “Individualized Health Care Plan” form.
- d) All medications (prescription or non-prescription) to be dispensed at school **must** be supplied by the parent, in its original container, and the enclosed “Medication Permission Form” must be filled out.
- e) **Up-to-date immunization records** from the Doctor’s office are required to be returned to the school, before registration is complete. *Immunization for all students is required, with the only exception being a medical exemption by a physician.*

Please provide SCM with an up-to-date copy of these records or have your child’s pediatrician complete the following information:

IMMUNIZATION RECORD

*LIST ALL DATES	INITIAL SERIES			BOOSTER			
DPT							
POLIO							
MMR							
HIB							
VARICELLA							
HEPATITIS A							
HEPATITIS B							
PCV 7							
PPD (TB Skin Test)							
Meningococcal							

PHYSICIAN’S SIGNATURE

DATE