



Dear Parents/Guardians:

Enclosed is your child's Medical Forms for the 2025-2026 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 _____
OPERATIONS _____
SERIOUS ACCIDENTS _____
ORTHOPEDIC CORRECTIONS (SHOES) _____
CHICKEN POX _____

MEASLES _____
SCARLET FEVER _____
WHOOPIING COUGH _____
POLIO _____

IMMUNIZATIONS:

MMR – DATE: _____

DIPHTHERIA & 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: _____