



2018-2019 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)

<u>Allergies:</u>	<u>Yes</u>	<u>No</u>
Medication	___	___
Food	___	___
Allergic To:		

<u>Hearing:</u>	<u>Yes</u>	<u>No</u>
Hearing Aids	___	___
PE Tubes	___	___
Describe:		

<u>Dental:</u>	<u>Yes</u>	<u>No</u>
Gum Problems	___	___
Teeth Problems	___	___
Describe:		

<u>Special Nutrition Concerns:</u>		
<u>Special Diet:</u>	<u>Yes</u>	<u>No</u>
Describe:		

<u>GI Problems:</u>	<u>Yes</u>	<u>No</u>

<u>Frequent Ear Infections:</u>		
Yes _____ No _____		
Describe:		

<u>Vision:</u>	<u>Yes</u>	<u>No</u>
Wears Glasses	___	___
Other _____		
<u>Oral Motor:</u>	<u>Yes</u>	<u>No</u>
Swallowing Problems	___	___
Oral Defensiveness	___	___
Describe:		

<u>Heart Defects</u>	<u>Yes</u>	<u>No</u>
Describe:	___	___

<u>Lung Problems:</u>	<u>Yes</u>	<u>No</u>
Describe:	___	___

<u>Seizures:</u>	<u>Yes</u>	<u>No</u>
Seizure Medication	___	___
Type(s) of Medication _____		

<u>Hearing Loss:</u>	<u>Yes</u>	<u>No</u>
Describe:	___	___

<u>Tonsils/Adenoids:</u>	<u>Yes</u>	<u>No</u>

Past Surgeries:

Yes _____ No _____

Describe:

Is this student free of communicable disease?

Yes _____ No _____

Describe:

Signature of Parent completing form:

Date:
