

Middlesex Regional Educational Services Commission

St. Stanislaus Kostka School: Medical Update Year 2015-2016

Name: _____ Grade: _____

Most recent Physical Exam (date): ___/___/___ by _____ MD

Most recent dental Exam (date): ___/___/___ by _____ Dentist

Have there been any changes in your child's medical status since last year?

If yes, please describe _____

Current Allergies (Ex. Foods, latex, medications): _____

Any medical conditions (EX.Asthma, ADHD):

Any medications taken on regular bases: _____

Any Injuries: (Ex. Fractures,Stitches,sprains) list when happened/what part of body affected: _____

Recent Illnesses/ Hospitalizations: _____

Any glasses, contacts. braces ,or prosthesis: _____

Any new immunizations received/ dates of immunization(Attach Documentation)

Doctor's name & phone number: _____

Dentist's name & phone number: _____

Name & number of person in case emergency: _____

Policies:

Please remember that if your child requires medicine in school, I MUST receive a doctor's note as well as parental consent (as per our policy). This *includes* all over-the-counter medicines (even Tylenol/Motrin).

If your child needs to be excused from physical education for a day please send in a parental note. If your child needs to be excused from physical education for an extended period, (more than one week), a note from the doctor indicating the period of exclusion and the reason is necessary.