Rosewood

Student Health Record For Registration

Student Name _____
(LAST) (FIRST) (MIDDLE)

Date of Birth _____ Class entering this year _____
MONTH DAY YEAR

Parent's/Guardian's name _____

Address _____

Home telephone no. _____ Cellular phone no. _____

In case of emergency call _____ Telephone _____

Physician's name _____ Telephone _____

In case of emergency, I authorise the school to use its judgment, if no authorised person listed above can be reached.

Please attach a copy of any vaccination/immunization records or complete the table below.

SIGNIFICANT MEDICAL HISTORY

Disease/Condition	**Date**
Measles	
Asthma	
Cardiac Murmur/Rheumatic Fever	
Diabetes	
Encephalitis	
Head Injury/Concussion	
Intestinal Parasites	
Malaria	
Nephritis	
Tuberculosis	
Ulcer	
ADD/ADHD	
Whooping Cough	
German Measles	
Hepatitis	
Scarlet Fever	
Mumps	
Chicken Pox	
Diphtheria	

Vaccination/Immunization	Date
Chicken Pox	
Diphtheria	
Hepatitis 'B'	
Measles, Mumps, Rubella (MMR)	
Meningitis	
Polio	
Tetanus	
Typhoid	
Whooping Cough	

Immunization Record

Allergies: _____

_____

(Please specify if your child has specific medication and send it with dosage noted)

Surgery

_____

(Specify type and give date)

_____

Emotional or mental patterns of which the school should be aware of (Phobias, Anxieties, etc.)

_____

Ethnic/Nutritional/Religions customs (helpful for field trips) _____

Most recent physical exam _____

Medication your child takes on a regular basis _____

Restrictions on Physical Activity _____

BLOOD TYPE _____ Group _____ Rho _____

COMMENTS _____

CONSENT FOR "OVER THE COUNTER" MEDICATIONS

I give permission for my child, _____, to receive any medication I have indicated here below as deemed necessary by the school. I understand that generic equivalent medication my be used in place of bran-name items.

PLEASE CHECK ANY "OVER THE COUNTER" MEDICATIONS YOU WISH TO BE MADE AVAILABLE TO YOUR CHILD UNDER SCHOOL DISCRETION, DOSAGE DETERMINED BY AGE AND/OR WEIGHT.

For headache/fever/muscle aches, menstrual cramps

- Acetaminophen (like Tylenol)
- Ibuprofen (like Advil, Motrin) – best for menstrual cramps, muscle/bone pain
- Paracetamol

For mild allergic reactions (such as hives, seasonal allergies)

- Genetics Allergy Syrup / Benadryl liquid or cream

For mild cold symptoms or sore throat

- Cough drop
- throat lozenge

For mild stomach discomfort

- Antacid (1-2 tabs)

For mild skin irritation (insect bites, minor rashes, abrasions)

- Calamine lotion
- Antihistamine cream

- **I do not want any medication given to my child in school**

I understand that the above medicaitons I have checked will be administered by the school.

Year _____

INITIAL CHILD'S WEIGHT

Signature _____ Date _____