

**TO BE COMPLETED BY PARENT OR GUARDIAN**

School Student is attending: \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Room #: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell/Work: (mother/guardian): \_\_\_\_\_ (father): \_\_\_\_\_

Address: \_\_\_\_\_

**YOUR CHILD MUST RETURN A PRIVATE PHYSICIAN'S EXAMINATION FORM BY OCTOBER 1st.  
OTHERWISE HE/SHE WILL HAVE A SCHOOL HEALTH APPRAISAL.**

1. Has your child, during the past year, had any illness, injury, or operation? If so, please specify, with dates:  
\_\_\_\_\_

2. Has your child received any immunization or tests during the past year? If so, please specify dates and type of immunization or tests not recorded on reverse side of form:  
\_\_\_\_\_

3. Is your child under medical supervision for allergies? If so, please specify type, symptoms and treatment:  
\_\_\_\_\_

4. Does your child take any medication on a regular basis? (**Self-Medication in school is illegal according to State Education Law.**) If your child must take any medication during the school hours, please consult with your school nurse regarding procedures:  
\_\_\_\_\_

5. Do you have any other information which would aid the school in a better understanding of your child?  
\_\_\_\_\_

6. Please list two neighbors who will be available to be called in case of illness or emergency:

NAME	RELATIONSHIP	ADDRESS	PHONE #

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**TO BE CALLED IN CASE OF EMERGENCY:**

7. Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

To the best of my knowledge, the above information is correct:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_