



MEDICAL REPORT 2016-17: ELEMENTARY

Name of Child _____ Birth Date _____

Parent/Guardian Name _____

Medical History (To be completed by parent): If your child has a medical action plan due to an allergy or medical condition, please ensure the school has an up-to-date plan as they expire after 1 year.

1. Is child allergic to anything? No___ Yes___ If yes, what? _____

2. Is child currently under a doctor's care? No___ Yes___ If yes, for what reason? _____

3. Is child on any continuous medication? No___ Yes___ If yes, what? _____

If your child needs to take medication during school, please request a permission to administer medication form from the office.

4. Any previous hospitalizations or operations? No___ Yes___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No___ Yes___

Diabetes? No___ Yes___

Convulsions? No___ Yes___

Heart trouble? No___ Yes___

If others, what and when? _____

6. Does child have any physical limitations or disabilities that would prevent him/her from participating in physical education class or activities? No___ Yes___

If yes, please describe and provide documentation from physician.

7. Does child have any mental disabilities? No___ Yes___ If yes, please describe: _____

Parent/Guardian Signature _____ Date _____

**✓ PLEASE SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD
IF NEW VACCINATIONS HAVE BEEN ADMINISTERED SINCE NOVEMBER 2015.**

FOR RISING 6TH GRADERS:

****NC DHHS requires Rising 6th Graders to receive a booster dose of the Tdap vaccine.
Please see enclosed flyer for more information and ensure that your child receives this
booster. State regulations require that the child's immunization record reflecting this
vaccination is in the student's file.**