Medical Survey and Update

Today's Date _____

Child's Name _____ Grade _____

Please Check: Full Term Birth _____ Premature Birth _____

Developmental Delays: Yes _____ No _____

If you answered yes, please explain _____

_____

Medical Conditions:_____

_____

Medications being taken, even if only taken at home:_____

_____

Reason for taking the medication: _____

Any Vision or Hearing difficulties: _____

When was the last time your child's hearing or vision was checked:_____

Allergies to food or medications: _____

How do you treat your child's allergies: _____

Please list any hospitalizations and the reason for them: _____

_____

_____

Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Date of your child's last physical _____

Parent or Guardian's Signature: _____