



St. Mary's Primary School
106 Washington Street
Taunton, MA 02780
Telephone 508-822-9480

Annual Health Update 2017-2018

Last Name _____ First Name _____ DOB _____ Grade _____

Please list your child's chronic health conditions diagnosed by a physician:

Please list your child's allergies to Food, Environment, or Medications also state the child's reaction:

Please list all of your child's medications taken daily (doses and times):

Vision: Known Problems _____ Glasses _____ Contact Lens _____

Hearing: Known Problems _____ Hearing Aide: (R) _____ (L) _____

Student lives with _____ Guardian _____ (if applicable)

Fathers Name _____ Mothers Name _____

Address _____ Address _____

Phone _____ Phone _____

Cell Phone _____ Cell Phone _____

Business Phone _____ Business Phone _____

E-Mail _____ E-Mail _____

Students Health Insurance: _____ Dental Insurance _____

Students Physician _____ Phone Number _____

PLEASE FILL IN BACK SIDE OF FORM ALSO

Other siblings presently attending St. Mary's:

1. _____ Grade _____ 2. _____ Grade _____

If parents cannot be reached in an emergency, names of responsible adults who can pick up your child:

Name _____ Relation _____ Cell _____ Home _____

Name _____ Relation _____ Cell _____ Home _____

I give my consent to the school nurse to administer to my child,

Name: _____ Date of Birth: _____ Grade: _____

Acetaminophen (Tylenol) for mild pain or fever _____ (check box for consent)

Ibuprofen (Motrin) for mild pain or fever _____ (check box for consent)

Cough Drops (please provide to the school) _____ (check box for consent)

Tums chewable for mild gastric discomfort _____ (check box for consent)

Caladryl Lotion topically for skin rash or irritation _____ (check box for consent)

Antibiotic ointment to minor skin injuries _____ (check box for consent)

I hereby authorize the school nurse to communicate with my child's physician regarding their physical/immunizations required for school. I also give my permission to the school nurse to share pertinent information with appropriate school staff. (Communication is needed to initiate and manage health care at school.)

Please sign and return this health care form as soon as possible and also provide the nurse with a current physical from the child's physician.

Parent/Guardian Signature: _____ Date: _____