

## CLEMENTON ELEMENTARY SCHOOL DISTRICT YEARLY MEDICAL UPDATE

Dear Parent / Guardian:

Please answer the following questions so that we may better meet your child's individual needs.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

1. Does your child take medications on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate the exact name of the medication, reason it was prescribed and by whom: (please complete **Medication Dispensing Form** for each drug to be administered at school) \_\_\_\_\_  
\_\_\_\_\_

2. Does your child wear any corrective devices?

\_\_\_\_\_ Eyeglasses \_\_\_\_\_ contacts \_\_\_\_\_ dental retainers \_\_\_\_\_ braces \_\_\_\_\_ other

3. Does your child have any \_\_\_\_\_ hearing problems or \_\_\_\_\_ hearing loss \_\_\_\_\_ hearing aid?

4. Has your child had tubes inserted into the ears by a physician to alleviate fluid and ear infections?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

5. Is your child allergic to:

\_\_\_\_\_ Pollen \_\_\_\_\_ Reaction \_\_\_\_\_  
(plant)

\_\_\_\_\_ Insect sting \_\_\_\_\_ Reaction \_\_\_\_\_  
(insect)

\_\_\_\_\_ Food products \_\_\_\_\_ Reaction \_\_\_\_\_  
(food)

\_\_\_\_\_ Medication \_\_\_\_\_ Reaction \_\_\_\_\_  
(medication)

\_\_\_\_\_ Other \_\_\_\_\_ Reaction \_\_\_\_\_  
(describe)

6. Does your child react severely to any of the above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

7. Does your child have \_\_\_\_\_ asthma \_\_\_\_\_ diabetes \_\_\_\_\_ seizures \_\_\_\_\_ anxiety \_\_\_\_\_ depression?

8. Does your child have any medical condition(s) that would limit normal school activity, including physical education and play periods? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

9. Please list any medical problems of which I should be aware of: \_\_\_\_\_  
\_\_\_\_\_

10. Has your child had any broken bones? Please state what bone and year of break: \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for my child's medical information to be shared among pertinent staff members for the safety of my child's health.

