

I.S.A. Medical Information Form: 2010-2011

The purpose of this form is to obtain information that will permit ISA to better help your child. If your child has any physical or emotional difficulties, our staff needs to know.

Please **print** when filling out this form.

Student's name: Last _____ Middle _____ First _____

Date of birth _____ Entering grade _____ on (date) _____

Parents/Guardians Names _____

Home address _____ Home phone _____

Father's business phone/cell _____ Mother's business phone/cell _____

In the event of an emergency, please give two names we may refer to if we are unable to reach the parents:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Medical History

Mark all items "yes" or "no." Provide details below when answer is "yes."

Communicable Diseases - your child has had:

_____ Measles (Rubella)

_____ Mumps

_____ Rheumatic Fever

_____ Tuberculosis (TB) - Date of last test _____

_____ Chicken Pox

_____ Scarlet Fever

_____ Poliomyelitis (Polio)

_____ Urinary or kidney problems/infections

_____ Mononucleosis

_____ Hepatitis

_____ Emotional problems (depression, anxiety, eating disorder, other)

_____ Bone fractures

_____ Concussion or Head Injuries

_____ Malaria

Allergies

_____ Drug/Medication Allergy

_____ Food Allergy

_____ Bee or Insect Bite Allergy

_____ Dust/Mold/ Hay fever

_____ Carries an ANA or EPI kit

_____ Other allergies?

Diagnosed Medical conditions of your child:

_____ Diabetes

_____ Heart Defects

_____ Neurological disorders (Convulsions/Epilepsy)

_____ Asthma

_____ Jaundice

_____ Ear infections (Otitis Media)

_____ Tonsillitis

_____ Bleeding or blood disorder

_____ ADD/ADHD

Current Issues

_____ Currently taking medication

_____ Currently under doctor's care

_____ Recent surgery

_____ Wears glasses/contacts/hearing aid/braces/prosthetics

_____ Physical restrictions

For any items marked "yes" please provide details below. If additional space is necessary please attach additional pages as needed. Indicate **any** medications that student is taking, and any other current or past medical conditions that may require treatment. List/describe any physical restrictions.

Does your child have any other medical conditions that the school should be aware of? Please explain:

***** Immunization History *****

Please attach a photocopy of your child's immunization record to this form.

To the best of my knowledge, the information provided on this form is complete and accurate.

Signature of parent/guardian _____ Date _____

Physician Information

The preceding information should be filled out BEFORE the physical exam. The following information must be completed by a medical physician.

Physical Exam

Height _____ Weight _____ Blood pressure _____ Pulse _____

Please *initial* the appropriate line:

_____ Physical exam performed; **no** medical concerns.

_____ Physical exam performed; medical concerns **identified**. (Explanation/description required and attached)

_____ The student **can** participate in educational, recreational and intramural sports with **no** restrictions. (If there are restrictions, please explain below.)

I have reviewed all of the proceeding information and to the best of my knowledge, the information provided on this form is complete and accurate.

Physician's Signature or Stamp Required Date of Exam

Physician's Name (Please print)

Physician's Full Address/Phone Number