

**\*\* Please print. \*\***

## STUDENT INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthdate: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Entering Grade: \_\_\_\_\_

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Has your child received the required immunization? Y\_\_\_\_ N\_\_\_\_

If “No”, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical issues that should be brought to our attention? Y\_\_\_\_ N\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? Y\_\_\_\_ N\_\_\_\_ Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on daily medication? Y\_\_\_\_ N\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a disability? Y\_\_\_\_ N\_\_\_\_

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any information that you feel is important for the school to know that has not been covered in this update?

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMMUNIZATION RECORD

Please ensure that a copy of the Immunization Record is returned with this form.