

**Woodstock Elementary School
Student Health Information Update 2007**

Dear Parents:

Please take the time to complete the following health form. This information will help me to assure the best possible health service for your child. Thank you.

Sincerely, Mary O'Quinn, RN, BSN

Student Name _____ Grade _____ Teacher _____

Birthdate _____ Allergies _____

Physician _____ Date of Last Physical Exam _____

Current Health Problems _____

Do you have medical insurance? _____ If so, please name insurance _____

Dentist _____ Last Exam _____ Problems _____

Orthodontist _____ Phone _____

Current Medications _____
(Including those given at home) Name of Medication Dose Time Given

Name of Medication Dose Time Given

Date of Immunizations **received since last year** (Please attach a copy of the documentation of the immunization from the doctor's office.)

DPT/TD _____ Polio _____ MMR _____ Varicella (Chicken Pox) _____

Other _____ Hepatitis B: #1 _____ #2 _____ #3 _____

Permission for Treatment

In the event of a serious accident or illness, I hereby authorize the school to contact my child's physician and/or to seek emergency medical care including transportation to a medical facility. I hereby authorize the physician and emergency room staff to administer care that is deemed necessary. I understand every effort will be made to contact family first.

Parent/Guardian Signature

Date