

**Joseph P. Liberati Intermediate School**

To: Parent or Guardian                      Pupil's Name \_\_\_\_\_

From: School Nurse                      Grade \_\_\_\_\_      Homeroom \_\_\_\_\_

Re: Health Records

**PLEASE** complete annual health form in order to make sure all medical information is accurate. It is very important that student's health records stay current.

ALLERGIES: (Please List): \_\_\_\_\_  
\_\_\_\_\_

TYPE OF REACTION: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS GIVEN AT HOME: \_\_\_\_\_  
\_\_\_\_\_

If your child has had any surgery, illness, immunizations, etc., that have not previously been reported, please give details including dates.

IMMUNIZATION UPDATES: \_\_\_\_\_

SERIOUS ILLNESS: \_\_\_\_\_

SERIOUS INJURY OR HOSPITALIZATION: \_\_\_\_\_  
\_\_\_\_\_

VISION PROBLEM/CORRECTION (include date and name of doctor)  
\_\_\_\_\_

HEARING PROBLEM/CORRECTION (include date and name of doctor)  
\_\_\_\_\_

REMARKS OR RECOMMENDATIONS REGARDING YOUR CHILD'S HEALTH  
\_\_\_\_\_

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

**Please return this completed form to the School Nurse by the end of the first week of school.                      THANK YOU.**