

**ANNUAL HEALTH INFORMATION FOR 2011/2012 SCHOOL YEAR**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Allergies \_\_\_\_\_

My child takes the following medication (include dose and frequency)

\_\_\_\_\_

Preferred Hospital:    \_\_\_\_\_ Children's Hospital of Pittsburgh  
                                  \_\_\_\_\_ Other hospital (name and phone) \_\_\_\_\_

**Tylenol:** Appropriate dosage for weight and age may be given to my child for minor discomforts during school hours:

\_\_\_\_\_ YES (no need to call);            \_\_\_\_\_ YES and call me;            \_\_\_\_\_ NO.

**General Health:**

Has the general state of your child's health changed this past year? If so, how?

During the past year, has your child had any contagious or other disease, serious injury, (such as a fracture), surgery, or hospitalizations for any cause? Please explain and give approximate date:

Is your child receiving treatment regularly for any health problems? If so, what?

**Checkups:**

What was the date and findings of his/her last physical exam?

Are there any recommendations by the physician with which the school can cooperate?

Has your child been examined by a physician for eye or vision complaints? If so, what were the recommendations?

**Immunizations:**

Has your child received any immunizations during the past year? If so, list the name of the immunization(s) and date(s) administered. **New students: attach current immunization record.**

**Other:**

Are there any other changes in the status or information about your child that you feel we should know?

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Rev. 2/10)

\*\*\*\*Return this form to school by your child's first day, even if exams are pending.\*\*\*\*