

# Child's Medical Report

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_

## A. Medical History

1. Is the child allergic to anything? No \_\_\_ Yes \_\_\_

If yes, please list here: \_\_\_\_\_

2. Is the child currently under a doctor's care? No \_\_\_ Yes \_\_\_

If yes, for what reason: \_\_\_\_\_

3. Is the child on any continuous medications? No \_\_\_ Yes \_\_\_

If yes, list name(s) \_\_\_\_\_

4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_

If yes, when and what for: \_\_\_\_\_

5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_

Diabetes: No \_\_\_ Yes \_\_\_      Convulsions: No \_\_\_ Yes \_\_\_

Heart Trouble: No \_\_\_ Yes \_\_\_

If yes, what and when: \_\_\_\_\_

6. Does the child have any physical disabilities? No \_\_\_ Yes \_\_\_

If yes, please describe: \_\_\_\_\_

7. Does the child have any mental disabilities? No \_\_\_ Yes \_\_\_

If yes, please describe: \_\_\_\_\_

**Students will receive non-invasive health screenings pursuant to Florida Statute 381.0056. Non-invasive screenings may include vision, hearing, scoliosis, height & weight. These screenings may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_