

Our Lady of Victories School

Medical Update - School Year: _____

Child's Name _____ Grade _____

Have there been any changes in your child's medical status since last year?

1. If yes, please describe _____

2. Current Allergies: _____

3. Most recent Physical Exam (Date): _____ by _____ MD

4. Current Medications: _____
for _____

5. Recent immunizations and dates of immunization (Attach Documentation)

- A. _____
- B. _____
- C. _____

6. Recent Illnesses/ Accidents/ Hospitalizations

Please remember that if your child requires medicine in school, I ***MUST*** receive a doctor's note/order, as well as parental consent (as per our policy). This ***includes*** all over-the-counter medicine (even Tylenol/Motrin).

If your child needs to be excused from physical education for an extended period, (more than one week), a note from the doctor indicating the period of exclusion and the reason is necessary.

PLEASE SIGN REVERSE SIDE AND RETURN. Thank you.

Sharyn Ross, RN