

ST. THOMAS MORE SCHOOL
School Health Services

TO: Parent/Guardian Student's Name _____
FROM: School Nurse Grade _____
RE : School Health Records

As the new school term begins, it is very important that your child's school health records are brought up to date. Please comment on any and all health problems that your child has that the nurse and/or teacher should be aware of.

Check one:

_____ My child does not have any significant health problems at this time.

_____ Please be aware of:

Recent surgery _____

Serious illness _____

Serious injury _____

Allergies (Please list) _____

Booster immunizations _____

(Type and date)

Vision correction (Date) _____

Medications taken at home: _____

Other _____

Please return this form with your child's emergency card.

(Date)

(Signature: Parent/Guardian)