

HEALTH RECORDS

DATE: _____
ENTERING GRADE: _____
AGE: _____

To be completed by parents: (Please print.)

Student's Name _____

Home Address _____

City, State, Zip _____

In case of emergency, please notify:

Name _____

Relationship to Student _____

Address _____

Telephone _____

Immunizations: A copy of grammar school health records may be submitted or dates of vaccines and toxoids administered may be filled in below. (Indicate last date of boosters, tetanus, etc.)

Mumps		Diphtheria		Tetanus	
Pertussis		HIB (Meningitis)		Polio	
Rubella		Rubeola (Red Measles)		Hepatitis	

Please mention below any handicaps or serious illnesses which you may want the school officials to know about regarding the student:

Signature of Parent or Guardian