



Dear Parent,

According to your child's health record, he/she has a significant medical or surgical history. Please complete the information below and return it to the school nurse. Thank you.

**Child's Name:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**What medication is your child currently taking?**

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**Pertinent Medical History**

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**Any Hospitalizations (with dates)**

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**Surgeries (with dates)**

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**Comments and special instructions.**

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\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date