

Westwood Public Schools Health Information

(To be filled out by parent or guardian)

Student Name _____ Birthdate _____ Grade ____
Gender __M__F

Health Care Provider _____ Dentist _____
Date of last medical examination _____ by

Dr. _____
Date of last dental examination _____ by

Dr. _____
Date of last eye examination _____ by

Dr. _____

Type of Medical Insurance:

___ Private ___ MassHealth ___ Military ___ Children's Medical Security Plan ___ None
___ Other _____

Medical History (check the ones that apply to your child)

- | | | |
|-------------------------|-----------------------------|----------------------|
| ___ Asthma | ___ Kidney/Bladder Problems | ___ Vision Problems |
| ___ Hayfever | ___ Orthopedic Condition | ___ Color Blindness |
| ___ Diabetes | ___ Physical Handicap | ___ Hearing Problems |
| ___ Bleeding | ___ Menstrual Problems | ___ Frequent Ear |
| Aches/Infections | | |
| ___ Heart Condition | ___ Alcohol/Drug Misuse | ___ Dental Problems |
| ___ Seizure Disorder | ___ Anorexia/Bulemia | ___ Frequent |
| Headaches | | |
| ___ Convulsions w/fever | ___ Eczema | ___ Frequent Stomach |
| Aches | | |
| ___ Fainting Spells | ___ Speech Problems | ___ Frequent Sore |
| Throat | | |

If you have checked any of the above, please explain and give dates _____

Allergies: ___ Plants ___ Food ___ Bees or Insects ___ Drugs ___ Animals ___ Other

Please explain _____

Is any medication needed for any condition? At Home __Yes__ __No__ At School __Yes__ __No__

Name of _____

medication _____ Dosage _____

Reason
needed _____

List any operations, injuries, hospitalizations or prolonged illness and give dates:

Recommended Physical Activity (please check one):

Full activity/sports Modified/restricted Activities If restrictions please
explain _____.

Does your child wear glasses? Yes No Contact lenses? Yes No

Are there any social or health agencies that might have information about your child?

Would you like to meet the school nurse? Yes No Phone Me Phone # _____

Is there anything else you can tell us about your child that you feel will help the school staff to
better understand and work with your child? _____
_____.

Signature _____ Date _____

4/03 KP