Wilson Primary School
Medical History and Treatment Form
2020/2021

STUDENT: ______________________________________ **GRADE:**________ **DATE OF BIRTH:** ________________________

PARENT/GUARDIAN:____________________________________ **CELL PHONE:** ___________________________

WORK PHONE: __________________________

A. My child has a food/ insect/ medication ALLERGY: (__) NO (__) YES

Allergy to :____

B. Please note any health problem, physical handicap, emotional difficulty, behavioural problem:

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C. Has your child ever been hospitalized for a medical condition? (__) NO (__) YES

What was the diagnosis? ____

D. My child's immunization/shots are current and up to date: YES (__) NO (__)

E. My child has the following issues or common complaints:

__ Asthma	__ Sensitive Skin	__ Eczema/ Dry Skin	__ Frequent Nosebleeds
__ Ear Aches	__ Sinus	__ Seizures/ Convulsions	__ High Blood Pressure
__ Dizziness/Fainting	__ Frequent Colds	__ Headaches/Migraines	__ Depression/Anxiety
__ Tonsillitis/Throat	__ ADHD/ ADD	__ Hearing/Vision	__ Heart Problems
__ Eye Infections/Allergy	__ Bronchitis	__ Urinary Problems	__ Diabetes

F. My child wears glasses (__) Yes (__) No Contact lenses (__) Yes (__) No

G. Medications: In case of a minor illness, **my child may receive the following medications from the School Nurse**:
(Please Circle)

Y **N** Tylenol/ Acetaminophen for pain/fever	**Y** **N** Motrin/ Ibuprofen for severe pain/high fever
Y **N** Antibiotic ointment for scrapes/cuts	**Y** **N** Bactine for cleaning scrapes/cuts/ pain
Y **N** Hydrogen peroxide for cleaning scrapes/cuts	**Y** **N** Calamine/Calagel lotion for rashes/ itching
Y **N** Vick's Chest Rub for cough/headaches	**Y** **N** Sterile eye wash
Y **N** Campho-phinique gel for insect bites	**Y** **N** Benzocaine gel for tooth pain

H. My child has a dietary restriction: (__) Yes (__) No Explain: ____________________________________

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I hereby give permission to the Wilson School District Nurse or authorized personnel to provide necessary treatment for my child and to contact me at the above contact information in the event of an emergency.

Parent/Guardian signature: ____ Date: ________________________