MCPS MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Fax 560-31

HEALTH FORMS AND ALLERGIES

I. FORMS:

Name __________________________
Address _________________________
Date of Birth ______________________
Grade ____________________________
School ____________________________
Parent/Guardian ____________________
Phone ____________________________

Teacher __________________________
Class ____________________________

A. general health information

1. Date of Last Pre-Season Physical and Immunizations: __________________________

2. Date of Next Pre-Season Physical: __________________________

3. My child has received __________________________

4. My child is taking __________________________

5. My child has a history of __________________________

6. My child has been diagnosed with __________________________

7. My child has had a recent diagnosis of __________________________

8. My child has been diagnosed with __________________________

II. ALLERGIES:

A. Food Allergies:

1. Tree Nuts: __________________________

2. Peanut: __________________________

3. Milk: __________________________

4. Egg: __________________________

5. Sesame: __________________________

6. Soy: __________________________

7. Fish: __________________________

8. Shellfish: __________________________

B. Environmental Allergies:

1. Seasonal: __________________________

2. Pollen: __________________________

3. Mold: __________________________

4. Dander: __________________________

5. Insect Sting: __________________________

III. MEDICATIONS:

A. Regular Medications:

1. __________________________

2. __________________________

3. __________________________

B. As Needed Medications:

1. __________________________

2. __________________________

3. __________________________

C. Emergency Medications:

1. __________________________

2. __________________________

3. __________________________

IV. HEALTH INFORMATION:

A. Immunizations:

1. Dates of Immunizations: __________________________

2. Immunization Record: __________________________

B. Medical Conditions:

1. __________________________

2. __________________________

C. Special Needs:

1. __________________________

2. __________________________

D. Allergies:

1. __________________________

2. __________________________

E. Medications:

1. __________________________

2. __________________________

F. Emergency Contacts:

1. __________________________

2. __________________________

G. Medical Emergencies:

1. __________________________

2. __________________________

3. __________________________

IV. CONSENT:

I hereby consent to my child's participation in school activities and programs

________________________

Parent/Guardian Signature

Date: __________

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