



OUR LADY OF SORROWS  
PRE-K-8  
CATHOLIC ELEMENTARY SCHOOL

# OUR LADY OF SORROWS SCHOOL

Our Lady of Sorrows-Saint Anthony's Parish, Hamilton, NJ

## 2017-2018 PRESCHOOL MEDICAL INFORMATION



CHILD's NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Is your child presently under the care of a physician for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

2. Has your child had any injury involving:

	YES	NO
a. Loss of Consciousness	_____	_____
b. Broken Bone	_____	_____
c. Dislocation	_____	_____
d. Significant Sprain	_____	_____
e. Trauma to any area	_____	_____

If yes, please give date and reason for injury \_\_\_\_\_

\_\_\_\_\_

3. Has your child had any recent surgery? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

4. Does your child wear? Contact Lenses \_\_\_\_\_ Glasses \_\_\_\_\_

5. Does your child have any known allergies? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. Is your child taking any medication at present? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medication and for what reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_