GREATER NEW BEDFORD REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL HEALTH INFORMATION

NAM	IE:		DOB:		ID#:	YOG:
	TC	BE COMPLETED BY PARENT/GU	JARDIAN AND R	ETURNE	D WITH THE	PACKET OF FORMS
Date	of last pl	nysical exam:				
Medi	cal Provi	der's Name:				
		Please provide a				ral.
Dont	al Drovida	er's Name:				
exper	rience. A	of the following list is to identify issu Ill information will be kept in the nui ared with appropriate faculty/staff	rse's office and co	nfidentia	lity will be ma	intained. Health information
		THE INFORMATION PROVIDED ON GHTER'S TEACHERS AND OTHER AF				D TO KNOW BASIS ONLY WITH € NO
Υ	N		Υ	N		
€	€	ADD/ADHD	€	€	Hearing /	Hearing Aid
€	€	Allergy to Food	€	€	Heart: Mu	urmurs / Surgery / er / Defibrillator
€	€	Allergy to Insects	€	€	Immune	.,
€	€	Allergy to Medication	€	€		
€	€	Allergy Other	€	€	Medicatio	
€	€	Anxiety / Social / Emotional	_ €	€	Neurologi	
€	€	Asthma	€	€	Neuromu	
€	€	Autism Spectrum Disorder	€	€		imitations / Adaptive Device
€	€	Benadryl	€	€	-	ic / Mental Health Disorder
€	€	Bone / Joint / Muscle	€	€	-	ness / Accident / Surgery
€	€	Cancer	€	€	Scoliosis	, r, cage.,
€	€	Concussion	€	€	Seizure Di	isorder
€	€	Developmental	€	€	Skin	
€	€	Diabetes	€	€	Urinary /	Kidnev
€	€	Dietary Restrictions	€	€		asses / Contacts / Other
€	€	Ear / Throat	€	€	Other	
€	€	Endocrine	€	€	IEP	
€	€	Epi Pen	€	€	504 Plan	
€	€	Gastrointestinal	•	•	50	
€	€	Gynecological				
IE VO	II ANSW	ERED <i>YES</i> TO ANY OF THE ABOVE, P	DI FASE PROVIDE A	ADITION	ΙΔΙ ΙΝΕΌΡΙΜΑ	TION
						
PLEAS	SE ADD A	ANY INFORMATION THAT YOU WOL	JLD LIKE TO BRING	G TO THE	ATTENTION O	OF THE SCHOOL NURSE
REGA	RDING Y	OUR SON/DAUGHTER'S PHYSICAL	OR EMOTIONAL V	VELL-BEII	NG.	
I GIVI	E PERMIS	SSION FOR MY CHILD'S MEDICAL IN	FORMATION TO I	BE RELEA	SED TO HIS/H	IER PRIMARY CARE PHYSICIAN
AS NI	EEDED.	YES	NO			
						Date: