OAK HILL SCHOOL

Medical History and Contact Release Please Print

39 Charlton Road, Scotia, NY 12302 518-399-5048 ext. 10 FAX 518-399-6140

Medication Allergies Bee Sting Allergy? Yes No	
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If yes, describe reaction Required treatment Illnesses and conditions child has had or has — give d Anemia Chickenpox German measles (Rubella) Measles (Rubeola) Scarlet Fever Mumps Pneumonia Heart Disease Speech Problem Contact with Tuberculosis Serious Accidents, Operations, Other Illnesses: Do you have medical insurance? Yes No Name	ates: Asthma Diabetes: Child Family Theumatic Fever Trequent Colds Trequent Sore Throat Trequent Ear Infection The Problems
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Measles (Rubeola) Record R	requent Colds requent Sore Throat requent Ear Infection ye Problems pilepsy Vears Glasses
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Speech Problem Contact with Tuberculosis Co	ears Glasses
Contact with Tuberculosis	left Palate
Serious Accidents, Operations, Other Illnesses: Do you have medical insurance? Yes No Name	
To the constant of the constant of the collision of the c	
in case of emergency. I give permission to call the	loctor or dentist listed below.
Physician	
Dentist	
Name of hospital preferred in case of emergency:	
Parent/Guardian signature	