

**Educational Services Commission of New Jersey**  
**Our Lady of Victories School**  
**Medical Update - School Year: \_\_\_\_\_**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Have there been any changes in your child's medical status since last year?**

1. If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

2. Current Allergies: \_\_\_\_\_  
\_\_\_\_\_

3. Most recent Physical Exam (Date): \_\_\_\_\_ by \_\_\_\_\_ MD

4. Current Medications: \_\_\_\_\_  
for \_\_\_\_\_

5. Recent immunizations and dates of immunization (Attach Documentation)

- A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

6. Recent Illnesses/ Accidents/ Hospitalizations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please remember that if your child requires medicine in school, I ***MUST*** receive a doctor's note/order, as well as parental consent (as per our policy). This ***includes*** all over-the-counter medicine (even Tylenol/Motrin).

If your child needs to be excused from physical education for an extended period, (more than one week), a note from the doctor indicating the period of exclusion and the reason is necessary.

**PLEASE SIGN REVERSE SIDE AND RETURN. Thank you.**

Mary Ann Halmi, RN