

South Shore Country Day School & Camp

1149 NEWBRIDGE ROAD - NORTH BELLMORE, NY 11710

(516)785-3311

CHRIS VICEDOMINI

Director

MEDICAL REPORT

NAME OF CHILD _____ DATE OF BIRTH _____

INCLUDE ALL DATES:

IMMUNIZATIONS

DPT

ORAL POLIO

MEASLES

MUMPS

RUBELLA

HIB

TB TEST TYPE RESULT

PLEASE GIVE SPECIFICS FOR ALL YES RESPONSES:

YES NO Are there allergic problems? _____

YES NO Are there allergies to drugs? _____

YES NO Is medication regularly taken? _____

YES NO Is a special diet required? _____

Teeth Condition

Hearing Tested

Date _____ Method _____ Result _____

Vision Tested

Date _____ Method _____ Result _____

Mental Growth & Development Normal _____ Abnormal _____

If ABNORMAL, please

describe _____

Physical Growth

Normal _____ Abnormal _____

If ABNORMAL, please

describe _____

LIST ANY SPECIAL RECOMMENDATIONS CONCERNING CHILD'S HEALTH:

PHYSICIAN'S SIGNATURE _____ DATE OF EXAM _____

PHYSICIAN'S NAME _____

ADDRESS _____

TELEPHONE _____



Registered by New York State Education Department
Chartered by New York State Board of Regents



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I give permission for the following non-prescription drugs to be administered to my child when needed:

<u>DRUG NAME</u>	<u>DOSAGE</u>	<u>YES/NO</u>	<u>PARENTAL SIGNATURE</u>
Tylenol	Per label Instructions	Yes No	_____
Motrin	Per label Instructions	Yes No	_____
Benadryl	Per label Instructions	Yes No	_____
Caladryl	Per label Instructions	Yes No	_____
Bacitracin	Per label Instructions	Yes No	_____

Physician's Signature: _____ Date: _____



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