

UNION ENDICOTT CENTRAL SCHOOL DISTRICT

HEALTH AND SAFETY NOTICE

DEAR PARENTS,

YOUR CHILD'S HEALTH AND SAFETY ARE VERY IMPORTANT TO US AT U.E. A NUMBER OF SCHOOL PERSONNEL ARE RESPONSIBLE FOR YOUR CHILD'S WELL-BEING THROUGHOUT THE SCHOOL DAY. CLASSROOM TEACHERS, P.E., ART, MUSIC, AND OTHER SPECIAL TEACHERS, TEACHER-AIDES, CAFETERIA STAFF, AND PLAYGROUND MONITORS ARE WITH YOUR CHILD ON A REGULAR BASIS.

WE NEED TO BE AWARE OF YOUR CHILD'S NEEDS TO CARE FOR HIM/HER PROPERLY. EVEN THOUGH WE HAVE YOUR CHILD'S RECORDS, MANY CONDITIONS CHANGE FOR CHILDREN OVER THE SUMMER AS WELL AS THROUGHOUT THE YEAR. PLEASE FILL OUT THE FORM BELOW AND SEND IT TO YOUR CHILD'S CLASSROOM TEACHER THE FIRST WEEK OF SCHOOL. THANK YOU FOR KEEPING US UP TO DATE CONCERNING YOUR CHILD.

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Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Medical History

Allergies \_\_\_\_\_

History of: Anemia \_\_\_\_\_ Diabetes \_\_\_\_\_ Fainting Spells \_\_\_\_\_

Convulsions \_\_\_\_\_ Asthma \_\_\_\_\_ Other \_\_\_\_\_

Daily medication \_\_\_\_\_

Permanently damaged or removed organs \_\_\_\_\_

Accident or other serious illness \_\_\_\_\_

Concussion or fractures in past year/give date \_\_\_\_\_

Surgery in past year \_\_\_\_\_ Date \_\_\_\_\_

For what? \_\_\_\_\_

Wears glasses? \_\_\_\_\_ When? \_\_\_\_\_

Dental problems/concerns \_\_\_\_\_

Immunizations in past year (proof needed) \_\_\_\_\_

Physician \_\_\_\_\_ Dentist \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_