

**Return to  
Preschool Office  
By June 1st**

\*\*\*\*\* IMPORTANT \*\*\*\*\*

**Allergy/Health Information**

1. Student medical records and emergency cards are inspected periodically by health officials. All requested information must be provided by parent and physician. Failure to do so will result in your child being prohibited from attending school until such time as records and cards are complete. Please check all records and cards thoroughly before submitting to Havenwood.
  
2. All communicable diseases infecting your child during the school year must be reported to Havenwood, which in turn will be reported to the Health Department. A note from the physician stating that the child is no longer contagious must then accompany him upon his return to school.
  
3. Absolutely no medication can be administered to a child without a  
**PHYSICIAN'S MEDICATION ORDER FORM**  
on record at Havenwood. These forms can be obtained from the school office and must be completed by the physician.
  
4. Children with acute medical needs must have the attending physician provide specific written instructions as to the procedure to be followed by school personnel in the event of a medical emergency. These instructions must accompany the medical records. Medical Alerts and Medication needs include such conditions as:  

Asthma	Sight
Diabetes	Hearing
Allergies or Sensitivities	Neuromuscular problems
Neurological problems	Seizures of any kind

**Please inform us if your child has such a need by detaching and returning the form below. Also indicate what medications will need to be kept on file in our office. This will require a "Medication Form" filled out by your child's doctor. You can obtain a copy of the form from our office.**

RETAIN ABOVE INFORMATION FOR YOUR FILE

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My child, \_\_\_\_\_, has been diagnosed as having  
(Child's Name)

\_\_\_\_\_. He is under the care of \_\_\_\_\_  
(medical condition)

\_\_\_\_\_ and **WILL or WILL NOT** need a medication on file.  
(Physician's Name)

Child's Teacher's Name \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_