La Salle College High School

MEDICAL INFORMATION AND IMMUNIZATIONS

Student's Name: _____ Birth Date: _____

FORM MUST BE RETURNED PRIOR TO OR DURING OPENING WEEK AT LASALLE COLLEGE HIGH SCHOOOL.

Allergies (food, dust, pets, medicines, etc.)_____

_____

Serious illness_____

Chronic conditions_____

Needs while in school_____

Daily medications_____

(If needed while in school, please contact School Nurse.)

PLEASE PROVIDE A COPY OF THE STUDENT'S SHOT RECORD.

PENNSYLVANIA DEPARTMENT OF HEALTH REQUIRES ALL STUDENTS IN PUBLIC, PRIVATE AND PAROCHIAL SCHOOLS TO HAVE THE FOLLOWING IMMUNIZATIONS:

5 Doses of Tetanus & Diphtheria (DT/Td)

4 Doses of Polio

2 Doses of measles, mumps, and rubella

3 Doses of Hepatitis B

2 Doses of Varicella or evidence of immunity

1 Dose of Meningococcal Vaccine

*Documentation regarding qualifying medical, religious, and ethical exemptions may be submitted with this document in place of an immunization record

I give the School Nurse my permission to share this information with school personnel when deemed necessary for my child's educational experience.

_____ _____

Date Parent/Guardian Signature