



Pryor Public School 2 & 3
P.O. BOX 229
Pryor, MT 59066
Phone 406-259-7329 FAX 406-245-8938

PHYSICIAN AND MEDICAL INFORMATION

CHILDS HEALTH RECORD

NAME: _____ Date: _____
DOB: _____ Teacher: _____

Health Information

ALLERGIES

Food _____
Medication: _____
Other: _____

Chronic Conditions

Asthma _____
Diabetes _____
Seizures _____
Other _____

Limitations

Mobility _____
Vision _____
Hearing _____
Other health Concerns: _____

Emotional _____
Other _____

Medications

Medication: _____ Medication: _____
Dosage: _____ Dosage: _____

Health Care Providers

Physician: _____
Address: _____ Phone: _____
Date of Last Evaluation: _____

Physician: _____
Address: _____ Phone: _____
Date of Last Evaluation: _____

Physician: _____
Address: _____ Phone: _____
Date of Last Evaluation: _____

Other health related information not listed above

Emergency Contact Information

Name _____ Name _____
Phone _____ Phone _____
Relationship _____ Relationship _____

Parent/Guardian Signature

Date