JMJ Tampa Bay, Inc.
Catholic Homeschool Support Group
Established 2005

MEDICAL HISTORY FORM 2025-2026

(PLEASE FILL OUT *ONE PER CHILD*)

CHILD'S NAME: _____

NOTE: On the website, please add to your child(ren)'s profile any medical/behavioral information that would be helpful for your teacher(s). There is a box for "Medical Notes/Allergies" that shows on the teacher's class roster.

	YES OR NO	DATE	PLEASE SPECIFY
ALLERGIES	Y N	_____	_____
ASTHMA	Y N	_____	_____
DIABETES	Y N	_____	_____
EPILEPSY	Y N	_____	_____
HEADACHES	Y N	_____	_____
HEART	Y N	_____	_____
KIDNEY DISEASE	Y N	_____	_____
MOTION SICKNESS	Y N	_____	_____

Is the member/participant taking any medications? _____ NO _____ YES

If yes, please name the drug(s), dosage and frequency needed:

_____

Is there any psycho-social or physical condition for which the participant is currently under professional care?

_____ NO _____ YES

Please list any injuries the member/participant has suffered that would affect participation in classes or clubs:

_____

Elaborate on any other medical conditions that you want JMJ to be aware of:

_____

IMMUNIZATIONS (up to date or unvaccinated):

Tetanus_____ Polio_____ Measles (Rubella) _____