

ALL MEDICAL INFORMATION DUE PRIOR TO START OF SCHOOL YEAR

Registering for (check one) Pre-Kindergarten ___ Kindergarten ___ Grade ___

Student's Name _____ Date of Birth _____

Address _____

City/Town _____ Tel. No. _____

Father or Guardian's Name _____ Occupation _____

Mother or Guardian's Name _____ Occupation _____

Family Physician _____ Tel. No. _____

Person other than parent who may be contacted in emergency:

NAME	ADDRESS	TEL.NO.
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Does your child take any medication? _____

Does your child have any allergies? _____

Does your child have any medical problems that the school should be aware of?

REQUIREMENTS WHEN ACCEPTED

Pre-Kindergarten and Kindergarten – Physical examination within one year and complete list of immunizations including lead screen before school begins. Kindergarten also requires proof of passing vision screen at Doctor's office during past 12 months or within 30 days of start of school year.

Grades 1 through 8 – Copy of Health Record from previous school before school begins and copy of physical exam done within past year.

Currently attending _____ School.
School telephone number _____

PLEASE COMPLETE THIS FORM AND SUBMIT ALONG WITH A COPY OF YOUR CHILD'S LATEST PHYSICAL.