

C. Check if you have any concerns regarding your child's:

Speech _____	Behavior _____	Growth _____
Learning Ability _____	Vision _____	Other _____
Attention Span _____	Hearing _____	

If you have checked any of the above, please explain:

D. Was your child ever hospitalized? _____ When _____ Where _____

For what reason(s) _____

CURRENT STATUS

A. Does your child take medication regularly? Yes No

If yes, for what condition _____

What is the medication? _____

B. All newly entering students must have a physical exam done within New York State (or 50 miles from the State line), within the past 12 months.

Please check your preference:

A physical has already been completed by _____
I will supply the school with documentation.

I will schedule a physical with my child's primary physician to be done in the next 30 days.

Please schedule my child for a school physical.

C. When did your child have their last dental exam? Date: _____

By whom _____ Work done _____

D. Has your child ever been seen by a specialist (for example, eye, ear, allergy, orthopedic, psychological, etc.)?

Yes No If yes, please give name, date and details: _____

OTHER CHILDREN:

Name(s) and Age(s): _____

PARENT/GUARDIAN ONE

NAME: _____

Address: _____

Phone (H): _____ (W) _____

PARENT/GUARDIAN TWO

NAME: _____

Address: _____

Phone (H): _____ (W) _____

***** All health information will be shared with staff that has a legitimate need to know*****

(Parent/Guardian Signature)

(Date Signed)

****FOR SCHOOL USE ONLY****

Source of immunization information _____

Medical Exemption _____ (Attach copy) _____

(Interviewer)

(Date)