

School Health Registration Form

School Year 2008 – 2009

Child's Name _____ Sex _____

Last First Middle

Birth Place _____ Date Of Birth _____ Grade _____

Home Address _____

Home Telephone Number _____

Father's Name _____

Address/Phone Number _____

Employer/Work Phone _____

Mother's Name _____

Address/Phone Number _____

Employer/Work Phone _____

Guardian _____

Name Address Phone Number

Emergency Contact (if parents cannot be reached) Name & Phone _____

Family Physician (Name, Address, Phone) _____

Medical Insurance Provider, Policy and Subscriber _____

Family Dentist (Name, Address, Phone) _____

Dental Insurance Provider, Policy and Subscriber _____

Specific Illness – Please Provide Dates or Child's Age

Accidents _____	German Measles _____	Poliomyelitis _____
Allergy _____	Heart Disease _____	Rheumatic Fever _____
Chicken Pox _____	Hernia _____	Scarlet Fever _____
Congenital Anomaly _____	Kidney Disease _____	Strep. Throat _____
Convulsions _____	Measles _____	Tonsillitis _____
Diabetes _____	Meningitis _____	Tuberculosis _____
Ear Infections _____	Mumps _____	Whooping Cough _____
Encephalitis _____	Operations _____	Other _____

Asthma _____ Yes _____ No

Provide Physician's Order Detailing Treatment Plan

Food Allergies _____ Yes _____ No

Provide Physician's Order Detailing Treatment Plan

Please List _____

Any Conditions/Limitations? _____

Medications? _____

Form filled out by _____ Date _____