

**ROSLYN PUBLIC SCHOOLS**

**HEALTH OFFICE REGISTRATION**

Date: \_\_\_\_\_

Student I.D. \_\_\_\_\_

Pupil's Name	Age	Grade
Address	Town / Zip Code	Phone Number
Birth Date	Birth Place	
Father's Name	Place of Business	Phone Number
Mother's Name	Place of Business	Phone Number
Physician To Be Called in an Emergency		Phone Number

Name and Address of Previous School

District School Attending: \_\_\_\_\_ First Day of Attendance \_\_\_\_\_

HS or MS Guidance Counselor: \_\_\_\_\_

**Health History**

Allergies	
Asthma	Inhaler needed?
Chickenpox	
Diabetes	
Heart Condition	
Hearing Problems	
Operations	
Serious Accidents	
Serious Illness	
Seizure Disorder	
Other	
Wear glasses	Contact lenses

Daily medications (other than vitamins) \_\_\_\_\_

Medications during the school day \_\_\_\_\_

**NOTE: Students may not carry any medication (including over-the counter) unless a self-medication form is completed by Parent and Doctor. (see nurse forms)**

Can this student participate in a regular physical education program? \_\_\_\_\_

\*\*If no, please provide physician' note.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH PROOF OF IMMUNIZATIONS**

(School Nurse Will Determine Validity of Proofs)

**New York State Public Health Law 2164 mandates that school shall not permit a child to be admitted unless the parent provides the school with a certificate of immunization or proof from a physician, nurse practitioner or physician's assistant that the child is in the process of receiving the required immunizations.**



September 2018

To Parents/Guardians:

*Please complete the following information and return to the school Health Office as soon as possible, so we can ensure your child's needs are met in the school setting and update our health records.*

Medical Diagnosis:
Name of Doctor who made diagnosis:
Name of primary healthcare provider:
Name of Medication(s) prescribed/taken by your student:
Time medication is given:
Dosage of medication:
Does your child have any activity restrictions (physical education, sports, recess)?
Does your child require any special accommodations?
Do you have any special health related concerns about your child when he/she is in school?

**Please call the school's Health Office if you have any questions or concerns.**