

**ROSLYN PUBLIC SCHOOLS
HEALTH OFFICE REGISTRATION (TO BE COMPLETED BY PARENT/GUARDIAN)**

Name	Date of Birth	Grade
Address	Town / Zip Code	Phone Number of Student, if any
Father/Guardian's Name		Phone Number
Mother's/Guardian's Name		Phone Number
Name of Physician To Be Called in an Emergency		Phone Number

Health History***

Allergies:
Asthma: Is inhaler needed? YES _____ NO _____
Diabetes:
Heart Condition:
Hearing Problems:
Operations:
Serious Accidents:
Serious Illness:
Seizure Disorder:
Other Medical Diagnosis:
Wears glasses: Contact lenses:
Daily medications (other than vitamins);
Medications during the school day:
Does your child require any special accommodations?
Do you have any special health related concerns about your child when he/she is in school?

*****NOTE: Students may not carry any medication (including over-the counter) unless the “Self-Medication Release Form” is completed by Parent and Doctor and provided to the nurse. The nurse cannot administer medication unless the nurse is provided with the “Permission for Administration of Medication in School” form completed by the Parent and Doctor. Both forms are located on the school building’s webpage.**

PROOF OF IMMUNIZATIONS BY A PHYSICIAN IS REQUIRED FOR REGISTRATION. New York State Public Health Law 2164 mandates that the school shall not permit a child to be admitted unless the parent provides the school with proof of immunization by a physician. The School Nurse will determine validity of proof.

Information on this form may be shared with appropriate school personnel for health and educational purposes.

Please call the school building’s Health Office if you have any questions or concerns.

Print name of Parent/Guardian: _____

Parent/Guardian Signature

Date