Menands Union Free School District
19 Wards Lane, Menands, N.Y. 12204
Ph: 518-465-4561 x. 109 Fax: 518-465-4572

School Nurse: Carin D'Ambro R.N.

Health Registration Form

Name: _____ **Gender: M F** **Grade Entering:**_____

Date of Birth: _____ **Age:** _____

Parent/Guardian_____ **Relationship:** _____

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Family Physician: _____ **Phone #:** _____

Health History

1. Were there any complications during pregnancy, at birth, or during infancy? □ Yes □ No

   If "Yes" please explain_____

2. Does this child have any allergies? □ Yes □ No

   If "Yes" Does allergy require medical treatment? □ Yes □ No

   Please Explain_____

3. Is there a history of any hospitalizations, significant injuries or surgery?

   □ Yes □ No If "Yes" please explain_____

4. Is there a history of past concussions/head injuries? □ Yes □ No

   If "Yes" please explain_____

5. Does your child take any medications regularly at home? □ Yes □ No

   Does your child require medication while at school? □ Yes □ No

   ***If "YES" the following is required:** A Physician's Order Form and Parent permission MUST be signed.
   *An adult MUST transport the medication to school.

6. .Please List any addition health concerns: _____