

HARRISVILLE CENTRAL SCHOOL
14371 PIRATE LANE
HARRISVILLE NY 13648
 Phone (315) 543-2707
 Fax (315) 543-2360

MEDICAL INFORMATION FORM

Child's Name _____

Family Physician _____ Date of Last Physical Exam _____

Physician Address & Phone Number _____

Type of Health Insurance _____ Hospital Preference _____

(New York State mandates all new students have a physical prior to entering school. Please provide the school with a copy.)

Please check if your child has had any of the following (give year when appropriate):

Chicken Pox		Cancer		Pneumonia	
Asthma		Diabetes		Ear Conditions	
Scarlet Fever		Whooping Cough		Bed Wetting	
Heart Disease		Hyperactivity		Nightmares	
Epilepsy or Convulsion		Rheumatic Fever			
Severe Nose Bleeds		Frequent Sore Throats			
Mental or Emotional Condition		Diagnosed Attention Deficit Disorder			

Allergies: Yes / No (If so, to what _____)

Operations: Yes / No (If so, what type _____)

Serious injuries: Yes / No (If so, what type _____)

Were there any complications during the pregnancy, delivery or immediately after birth? _____

If your child is presently on medication, please list name of drug and time of day taken: _____

Will your child require medication administration during the school day? _____

If so, what medication at what time _____

(State law requires the nurse have a written doctor's order and the medication in a pharmacy labeled container).

CONTINUE ON REVERSE SIDE 

Does your child require any special treatments that must be administered during the school day?
Yes _____ No _____ If so, please explain _____

Is it necessary that your child be excused from or limited in physical education activities?
Yes _____ No _____ If so, please explain _____

HEARING

Has your child ever had any ear/hearing examination or treatment? Yes _____ No _____

If so, when, with whom and results _____

VISION

Has your child ever had a vision examination or treatment? Yes _____ No _____

If so, when, with whom and results _____

IMMUNIZATIONS

You must submit your child's immunization record at registration.

NYS immunization school entrance requirements vary depending on the student's age and grade level. The nurse will need to review your child's record to verify compliance with state mandates. We must exclude your child from attending if their shots are not up-to-date by the second week of school, 30 days if you enter from out of state.

Schools shall comply with the New York State Lead Poisoning Prevent Act, which requires that children, age six and under, upon initial enrollment, present proof of a blood test for lead. This is not required, but it is recommended.

Parent Signature _____ Date _____