

HEALTH INFORMATION FORM

Child's Name _____ Date _____

PARENT E-MAIL (please print clearly) _____

Child's Physician _____ Phone # _____

Address _____

Immunization	Date	Date	Date
DPT			
Polio			
Haemophilus influenza (Hib)			
Hepatitis B			
MMR			
Varicella (Chicken Pox)			

History: Record of unusual problems, convulsions, accidents, operations and all allergies:

Special Diet: _____

PERMISSION FOR HEALTH CARE

In the event of an emergency, please indicate your name and phone number where you and another authorized person can be reached.

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Authorized Person _____ Phone _____

Address _____ Relationship _____

FIRST AID

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature & Date

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child

Signature & Date

Public Health Law Section 2164 allows a child to be religiously exempted from immunization. A written statement from a parent or guardian of the child stating that they object to the immunization of their child due to their sincere and genuine religious or personal beliefs should be submitted to this school along with this form on or before the first day of school.