FORM D

HINGHAM PUBLIC SCHOOLS

220 Central Street
Hingham, MA 02043

KINDERGARTEN HEALTH REGISTRATION FORM

Dear Parent,

Please complete this form and return to your designated school.

Student Name:_____ D.O.B._____
(Last, First, Middle) Male ❑ Female ❑ Non-Binary ❑

Address:_____ Phone: _____

Please answer the following questions.

1. Is your child **CURRENTLY** being treated for any of the following? Please circle "Y" for Yes or "N" for No and provide details where indicated.

Arthritis or joint disease	Y	N	Heart Disease	Y	N
Asthma	Y	N	Kidney disease	Y	N
Blood disorder	Y	N	Food allergy	Y	N
Celiac disease	Y	N	Medication allergy	Y	N
Compromised immune system	Y	N	Bee sting allergy	Y	N
Concussion/head injury	Y	N	Seizures	Y	N
Diabetes	Y	N	Behavioral or social/emotional regulation issues	Y	N
Lyme disease	Y	N	Fracture or sprain injuries	Y	N
Cystic Fibrosis	Y	N	Other Explain below.	Y	N

Please explain any "Yes" answers to above and provide more detailed information and dates.

_____

_____

2. Does your child take any medications* now? ❑Yes ❑No Medication: _____
   *If a student requires medication at school, a physician's order is needed.

3. Does your child require an EPIPEN*? ❑Yes ❑No
   *If yes, written physician's orders and the EPIPEN must be provided **before** the child may start school.

4. Check off the following health concerns that pertain to the student.

Eyes: Glasses:	Y	N	Other (continued):		
For Distance or Near	D	N	Headaches	Y	N
Lazy eye	Y	N	Lungs	Y	N
Ears: Frequent infections	Y	N	Skin	Y	N
Tubes	Y	N	Bowel problem	Y	N
Hearing difficulty	Y	N	Phobias	Y	N
Other: Nosebleeds	Y	N	Dental	Y	N
Eating	Y	N	Bedwetting	Y	N
Sleeping	Y	N	ADD/ADHD	Y	N
Bladder problem	Y	N			

Please explain above health concern: _____

I give the school nurse permission to share the above confidential health information with his/her teacher, specialists, principal and assistant principal on an as needed basis. ❑Yes ❑No

Reminder: Current physical exam must be provided at registration and immunizations must be up to date in order for your child to attend school. If you have questions, please call your child's school nurse.

Signature of parent/legal guardian:_____ Date _____

1/2019