

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: _____
(Last, First, Middle)

D.O.B. _____
Male Female

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: Immunizations must be up to date in order for your child to attend school.

Signature of parent/legal guardian: _____ Date _____