CITY SCHOOL DISTRICT OF ALBANY (All Saints Catholic Academy) BUREAU OF HEALTH AND PHYSICAL EDUCATION

HEALTH HISTORY AND REGISTRATION

SCHOOL	DATE	GRADE ENTERING	
The information you provide on this form will be and to help the District to appropriately respon- sides of the form. A certificate of immunization must be attack	d to the health needs of y		
Child's Name (Last, First)	Sex		Date of Birth
Child's Address (No. and Street - Apt. No Zip Code)		Telephone Number/s	
Father/Guardian		Mother/Guardian	
Father/Guardian's Home and Work Telephone Nos.		Mother/Guardian's Home and Work Telephone Nos.	
Emergency Contact #1 (Name, Relationship and Telephon	e Nos.)		
Emergency Contact #2 (Name, Relationship and Telephon	e Nos.)		
School Last Attended	Albany Public Schools Attended		
Health Care Provider		Approximate Date of Last Physical Examination	
Dentist	Approximate Date of Last Dental Examination		
Insurance Information: Health Plan	ID/CIN # Gro		Group #
BROTHERS AND SISTERS:			
Name	Date of Birth	Grade/Schoo	bl

Note: For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school <u>immediately</u> if any of the emergency numbers or contacts you provided above change. It is not in the best interest of an ill or injured child to be maintained indefinitely at school. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

If your child has had any of the following health problems or diseases, please check below and provide details in the comment column.

HEALTH HISTORY		COMMENT Please use this space to provide details for any condition/s checked.	
Blood Disorders	Allergies		
Chicken Pox	Asthma		
Chronic Ear Infections	Birth Defects		
Hearing Loss	Bone/Joint Muscle Problems		
Hepatitis	Diabetes		
Mono	Heart Disease or Murmur		
Scarlet Fever/Strep	Lead Level Elevated		
Sickle Cell Disease	Operations/Hospitalizations		
Speech Problems	Seizure Disorders		
Tuberculosis	Serious Injuries		
Vision Problems	Other Health Issues		

Were there any complications during the pregnancy of this child? _____. If so, please describe. _____

 What was the length of the pregnancy?
 What was your child's birth weight?

Were there any complications during the birth of this child? _____. If so, please describe. _____

Does your child take any regular medications? If so, please list.

Does your child have any social or emotional problems that may impact his/her ability to learn and socialize in school?

. If so, please explain.

New York State Education Law requires all new entrants and students in Pre-K or K, 2nd, 4th, 7th and 10th grades to have a physical exam. If a physical form is not returned to school before our school physicians come for physicals, your child will have a health appraisal in school.

Your signature authorizes health office personnel to share health related information with appropriate school staff when that information is necessary to insure the health and safety of your child.

Parent/Guardian Name

Parent/Guardian Signature