

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 become part of your child's Permanent Health Record. To protect your child and to help the District to appropriately respond to the health needs of your child, please answer all questions on **BOTH** sides of the form.

A certificate of immunization must be attached to this registration.

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 Telephone Nos.) _____

Emergency Contact #2 (Name, Relationship and Telephone 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 # _____ Group # _____

BROTHERS AND SISTERS:

Name	Date of Birth	Grade/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school immediately 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.

OVER →

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

 Date