

Lake Shore Cooperative Nursery School Health Form

Child's Name _____ Date of Birth _____ Gender M F
Family Physician _____ Phone _____

Medical History

1. Is your child currently under medical care (other than routine check-ups)? Yes No
If yes, please explain: _____
2. Is your child currently taking any medications? Yes No
If yes, please explain: _____
3. Does your child have any life threatening allergies (foods, bees, medications, etc.)? Yes No
If yes, please explain: _____
4. Does your child have any heart problems, breathing problems, other allergies, or other medical or physical concerns our school should be aware of? Yes No
If yes, please explain: _____
5. When was your child's last physical exam? _____
6. Does your child currently receive any special services (speech, cognitive, behavioral therapy, etc.) from a public school district or other agency? Yes No
If yes, please explain: _____
7. Please list two emergency contacts (different than the parents/guardians listed on registration form) that could help us reach a parent/guardian or provide temporary care of your child in case of mild illness or injury if you cannot be reached.

1st Choice

Name _____

Relationship _____

Phone _____

2nd Choice

Name _____

Relationship _____

Phone _____

*Please mail or email a copy of your child's **immunization record** along with this form to P.O. Box 463, Hamburg, NY 14075 or director@lscns.org. Students must have all NYS required vaccinations in order to attend school.

We must have your student's immunization record prior to the first day of school or they will not be allowed to start class!