Lake Shore Cooperative Nursery School Health Form

Child's Name	Date of Birth	Gender M F	
Family Physician	Phone		
	Medical History		
	under medical care (other than routine check-ups		
	aking any medications? Yes No		
•	ny life threatening allergies (foods, bees, medicat	·	
physical concerns our so	ny heart problems, breathing problems, other all chool should be aware of? Yes No	_	
5. When was your child's l	last physical exam?		
from a public school dis	tly receive any special services (speech, cognitive strict or other agency? Yes No		
form) that could help us	ncy contacts (different than the parents/guardian is reach a parent/guardian or provide temporary if you cannot be reached.		
1 st Choice	2 nd	Choice	
Name	Name		
Relationship	Relationship	Relationship	
Phone	Phone		

*Please bring a copy of your child's **immunization record** along with this form to the annual orientation meeting. 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.