GARDEN MANOR NURSERY SCHOOL

Health Form (2020-2021)

Please have physician complete this form and return to Garden Manor Nursery School (33 Jefferson St., Garden City, NY 11530) by August 31, 2020

Student Information:

Name_____ **Date of Birth:**_____
Last First MI **Month Day Year**

Address:_____ **Parents' Name:**_____
Street **Mother**

_____ _____
City, State, Zip **Father**

In accordance with New York State Public Health Law 2164 a Certificate of Immunization, signed by a physician, listing exact dates, must be on file the first day of school. Immunizations listed are required.

Students cannot be admitted to school if the immunization requirement is not met.

Record of vaccinations required for school attendance:

1st dose 2nd dose 3rd dose Booster

DPT _____ **Date of Live Vaccines given:**
Poliomyelitis _____ **MMR (1)** _____
Varicella_____ **MMR (2)** _____
Pneumococcal (PCV)_____ **Hepatitis B:** _____
Hib Vaccine: _____

Does the child have or had any of the following:

Operations: _____
Serious Illnesses: _____
Allergies: _____

(ALLERGIES MUST BE FILLED OUT, LEGIBLY, please).

Any physical weakness, defect or chronic condition which the school should take into consideration, (sight, hearing, heart, etc.)_____

Any past experiences (accident, etc.) which have influenced his/her physical or emotional condition

_____

I have examined_____ and, in my opinion, he/she is in good physical condition to attend Nursery School.
(name)

_____ _____
Physician's Name (PRINT) **Date**

_____ _____
Physician's Signature **Phone**

_____
Address

_____

Emergency Treatment Permission for the 2020-2021 school year.

If _____(name) should require medical attention due to accident or illness during school hours, and neither he/her parent nor the family physician can be reached, I hereby give permission to have emergency treatment administered.

_____ _____
Parent Signature **Date**