

GARDEN MANOR NURSERY SCHOOL

Health Form (2018-2019)

Please have physician complete this form and return to Garden Manor Nursery School
(33 Jefferson St., Garden City, NY 11530) by August 10, 2018

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

Record of vaccinations required for school attendance:

	1 st dose	2 nd dose	3 rd dose	Booster	
DPT _____					Date of Live Vaccines given:
Poliomyelitis _____					MMR (1) _____
Varicella _____					MMR (2) _____
Prevnar(PCV7) _____					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 current 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