

GARDEN MANOR NURSERY SCHOOL

Health Form (2019-2020)

Please have physician complete this form and return to Garden Manor Nursery School
(33 Jefferson St., Garden City, NY 11530) by August 15, 2019

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) _____
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 2019-2020 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