

CITY SCHOOL DISTRICT OF ALBANY
BUREAU OF HEALTH AND PHYSICAL EDUCATION

HEALTH HISTORY AND REGISTRATION

_____ SCHOOL _____ DATE _____ GRADE ENTERING _____

The information you provide on this form will become part of your child's Permanent Health Record. To protect your child and to help the District to appropriately respond to the health needs of your child, please answer all questions on **BOTH** sides of the form.

A certificate of immunization must be attached to this registration.

_____ Child's Name (Last, First) _____ Sex _____ Date of Birth _____

_____ Child's Address (No. and Street - Apt. No. - Zip Code) _____ Telephone Number/s _____

_____ Father _____ Mother _____

_____ Father's Home and Work Telephone Nos. _____ Mother's Home and Work Telephone Nos. _____

_____ Emergency Contact #1 (Name, Relationship and Telephone Nos.) _____

_____ Emergency Contact #2 (Name, Relationship and Telephone Nos.) _____

_____ School Last Attended _____ Albany Public Schools Attended _____

_____ Health Care Provider _____ Approximate Date of Last Physical Examination _____

_____ Dentist _____ Approximate Date of Last Dental Examination _____

BROTHERS AND SISTERS:

Name	Date of Birth	Grade/School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school immediately if any of the emergency numbers or contacts you provided above change. It is not in the best interest of an ill or injured child to be maintained indefinitely at school. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

OVER →

If your child has had any of the following health problems or diseases, please check below and comment when necessary.

HEALTH HISTORY				COMMENT
				Please use this space to provide details for any condition/s checked.
Blood Disorders		Allergies		
Chicken Pox		Asthma		
Chronic Ear Infections		Birth Defects		
Hearing Loss		Bone/Joint Muscle Problems		
Hepatitis		Diabetes		
Mono		Heart Disease or Murmur		
Scarlet Fever/Strep		Lead Level Elevated		
Sickle Cell Disease		Operations/Hospitalizations		
Speech Problems		Seizure Disorders		
Tuberculosis		Serious Injuries		
Vision Problems		Other Health Issues		

Were there any complications during the pregnancy of this child? _____. If so, please describe. _____
 _____.

What was the length of the pregnancy? _____ What was your child's birth weight? _____

Were there any complications during the birth of this child? _____. If so, please describe. _____
 _____.

Does your child take any regular medications? If so, please list. _____
 _____.

Does your child have any social or emotional problems that may impact his/her ability to learn and socialize in school?
 _____. If so, please explain. _____
 _____.

New York State Education Law requires all new entrants and students in Pre-K or K, 2nd, 4th, 7th and 10th grades to have a physical exam. If a physical form is not returned to school before our school physicians come for physicals, your child will have a health appraisal in school.

 Parent/Guardian Signature

 Date