

Health Record Registration

Child's Name _____ Birth Date _____

School Arcohe Elementary School Teacher _____ Grade _____

To Parents: Your child's health is one of our most important concerns. To give your child the best health services possible, we appreciate your assistance in giving us the following information. If health problems occur during the year or if corrective work is done, please notify the school so that we may continuously plan the best program for your child.

Health Record – Check the space if your child has a history of the following diseases or conditions.

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies (Circle here & explain below: food, medicine, insect sting, pollen/plant, animal) | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hospitalization |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Bladder/Kidney Problems | <input type="checkbox"/> Epilepsy/Convulsions | <input type="checkbox"/> Serious Injury/Illness |
| <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Tuberculosis Contact |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other _____ |

Please explain: _____

Is your child now under medical care? If YES, for what condition? _____

Doctor's Name _____ Date of Last Health Check _____

Dentist's Name _____ Date of Last Dental Check _____

Is your child taking a medication regularly? If YES, for what condition? _____

What is the medicine & dosage? _____

Does your child have vision or eye problems? Wears glasses? If YES, give reason _____

Does your child have hearing problems? Any speech problems? What kind? _____

Should there be any restrictions on child's physical activities? Explain _____

Immunization & Physical Examination

Before your child may begin attending school, your son/daughter must be up-to-date on immunizations. At registration you will need an immunization record showing the date your child received each of the required immunizations. The nurse or office staff will tell you which, if any, immunizations are necessary. A child may be exempt if immunization is contrary to beliefs as verified by parent's written statement or for medical reasons as verified by a physician's written statement. If your child is exempt and there is a disease outbreak, the school may temporarily exclude your child for his/her protection.

Another requirement is that your child have a health check-up in the 18 months before entering first grade. This is a Child Health & Disability Prevention (CHDP) requirement. The check-up before entering kindergarten, when immunization boosters are needed, will save time by taking care of both requirements at the same time. CHDP providers offer the check-up and needed boosters free to lower income families. You may get forms and other information at your child's school.

Signature of Parent or Guardian

Date