

Last Name First Name _____

1. Name of student's physician _____ Telephone _____
2. Has your child, during the past summer, had any illness, injury or surgery?
Specify _____
3. Has your child received any immunizations not previously reported? _____
Specify type and date (please submit M.D. signed statement) _____
4. Is your child taking any medication? _____
Specify _____
5. Does your child have any hearing problem? _____
6. Does your child wear eyeglasses? _____
7. Please list all allergies _____
8. Is there any information concerning the general health of your child that the school nurse should be aware of? _____ Any restrictions? _____
9. Does your child have any siblings in other district buildings? _____ Please list below:

Name _____	School _____
Name _____	School _____
Name _____	School _____

WILLIAM FLOYD SCHOOL DISTRICT
THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR CHILD'S TEACHER OR NURSE A.S.A.P.

Student's Name _____ Date of Birth _____ Teacher _____ Grade _____

Family Name: _____ Address: _____ Home Telephone # _____

E-mail address: _____ Student ID # _____

Name of Adults in Household	Relationship	Employer / Work Hours	Cell or Work #

My child MAY or MAY NOT be released to the non-custodial parent. Name _____

The following individuals have permission to pick up my child in case of emergency if I cannot be reached. I understand that all previously submitted emergency release names will be deleted when the nurse is provided with new information.

Name	Relationship	Address	Telephone #

All students in grade K,2,4,7 and 10 and all students new to the district are required to have a physical examination. All students who have not submitted a physical from a private physician within 30 days of beginning school will be examined by the school physician.

Signature of Parent

Special Alerts: _____

Date

*****PLEASE NOTIFY YOUR CHILD'S SCHOOL NURSE IF THERE IS ANY CHANGE IN HIS/HER HEALTH STATUS *****