

AMSACS ADMISSIONS HEALTH INFORMATION 2021-22

PLEASE PRINT LEGIBLY

Student's Name as it appears on Birth Certificate: _____

Grade Entering: _____

_____ Gender: M F
Last First Full Middle

Address: _____ Town/City _____ Zip Code _____

Home Phone # _____ Date of Birth: _____ City/State of Birth: _____

Primary Language: _____ Mothers maiden Name: _____

Does your child have health insurance? No Yes Last Name, First Name

We need the following contact information in case we need to contact:

First and Last Name(s) of Parent(s) or Guardian (s) with who child lives:

Mother Name: _____ Father: _____

Cell Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Phone #: _____

E-Mail Address _____ E-Mail Address _____

Student's Physician: _____ Phone: _____

Student's Dentist: _____ Phone: _____

Date of last MD appointment: _____ Date of last Dental appointment: _____

Please check all that apply

- Heart Condition Diabetes Asthma Seizure Disorder Anxiety
 Migraines Depression ADD ADHD OCD
 Autism Other (Specify) _____
 Allergies: To what? (food, insects, medication, environment) Specify _____

Does your child have an EpiPen? No Yes Specify _____

Does your child have an Inhaler? No Yes Specify _____

Please List all Medications your child is currently taking:

Please Specify Problems with:

- Vision Right Left Eyeglasses Contacts Preferential Seating
 Hearing Right Left Hearing Aid Tubes Preferential Seating
 Dental Braces Other _____
 Speech _____
 Bone or Joint _____
 Muscular/Skeletal _____
 Gastro/Intestinal _____
 Kidney/Urinary _____
 Other _____

Does your child have any physical limitations? No Yes _____

Does your child need any special equipment? (walker, wheelchair, etc) No Yes _____

Has your child been hospitalized during the past year? No Yes _____

Please use space on back of this form to indicate/share any medical/dental/other important information that the school should be aware of that can/would affect your child while engaged in school/field trips/ after-school activities.

Parent Signature _____ Date: _____