ADVANCED MATH AND SCIENCE ACADEMY CHARTER SCHOOL
OFFICE OF THE SCHOOL NURSE

HEALTH OFFICE INFORMATION FOR INCOMING STUDENTS 2022-23

Student's Name as it appears on Birth Certificate:

_____ **Grade Entering:** _____
Last First Middle (full name, no initials)

Address: _____ Town/City _____Zip Code _____

Date of Birth: _____ City/State of Birth: _____ Mother's Maiden Name_____

Gender: ☐ Male ☐ Female ☐ Nonbinary Home Phone # _____

Primary Language: _____ Does your child have health insurance? ☐No ☐Yes

We need the following contact information in case we need to contact you before school:

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

Primary Parent Name: _____ Secondary Parent Name _____
Primary Phone #: _____ Primary Phone #: _____
Alternate Phone _____ Alternate 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
☐ Migraines ☐ Depression ☐ ADD/ADHD ☐ OCD ☐ Anxiety
☐ Autism ☐ Other (Specify) _____
☐ Allergies: To what? (Food, insects, medication, environment) Specify _____
_____

Does your child have an EpiPen? ☐No ☐Yes Specify _____
Please List all Medications your child is 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: _____