



**PRIMROSE
ELEMENTARY SCHOOL**

Forward in Excellence

Katie Winter, *Principal*
Meg Benedetto, *Assistant Principal*

Medical Registration Form

To be completed by parent/guardian

Name of Child: (Last) _____ First _____

☐

Male

☐

Female

Date of birth: _____

Mother's name: _____

Father's name: _____

Native language spoken in the home: _____

Special problems/concerns:

Vision

A. Has your child ever seen an eye specialist for eye problems or defective vision?

☐

Yes

☐

No

B. If so, what was the result of the examination and recommendation, if any?

Hearing

A. Has your child's hearing ever been tested?

☐

Yes

☐

No

B. If so, what was the result of the examination and recommendation, if any?

Other

A. Has your child had any other medical screenings or evaluations?

☐

Yes

☐

No

Date: _____

B. If yes, what were the results and recommendations, if any?

Dental

A. Has your child ever seen a dentist?

☐

Yes

☐

No

B. If so, for what reason?

Hospitalization

A. Has your child been hospitalized at all since birth? ☐ Yes ☐ No Date: _____

B. If so, what was the reason?

C. Any other serious illnesses or injuries?

Allergies

A. Does your child have allergies? ☐ Yes ☐ No

B. Please list

Medications

A. Is your child presently taking any medications? ☐ Yes ☐ No

B. Please list:

Please check if your child has a history of any of the following:

- ☐ Asthma
- ☐ Chicken Pox
- ☐ Congenital heart failure
- ☐ Coxsackie viruses
- ☐ Diabetes
- ☐ Fifth's disease

- ☐ Fracture
- ☐ Frequent ear infections
- ☐ Lyme disease
- ☐ Pneumonia/bronchitis
- ☐ Seizures
- ☐ Others

Details:

I understand that all reports and testing results provided to Primrose School will be treated confidentially.

Date

Parent/Guardian Signature