

**New Registrant
Welcome to F. D. R.**

Name: _____ Grade _____

Student resides with: Both parents _____ One parent _____ Other _____

1. Immunization records are required at the time of registration. If you do not have them with you, where can we obtain this information?

Name:

Address:

Phone Number:

2. Are you taking any medication? If so, all medications (including aspirin, Tylenol) **MUST BE PRESCRIBED BY A PHYSICIAN AND PARENT PERMISSION MUST BE GIVEN TO THE SCHOOL NURSE.**

Please list necessary Rx: 1. _____
2. _____

3. Are there any health issues the school nurse should be aware of? Please include any allergies to medications or food. _____

4. Do you have any physical education restrictions? _____

5. All new registrants are required to have a physical. This physical may be obtained from your own physician or the school physician. Please indicate your preference:

School Physician _____

Family Physician _____

(must be submitted to the health office within 30 days of registration.)

6. Are you interested in participating in interscholastic sports? Yes ___ No ___

7. Is your child eligible for Free/Reduced Lunch? Yes _____ No _____

8. Are there any other concerns that the school nurse/personnel should be aware of? Yes ___ No ___

Thank you for answering the above questions. All information will remain confidential.

Laura Lee Tompkins, R. N.
School Nurse

Stacey Crocco, R.N.
School Nurse