

# Hyde Park Central School District

## Kindergarten Registration Health Information

Student Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Nickname: \_\_\_\_\_

**Yes**      **No**

      Any issues during pregnancy, labor and/or delivery for this child?

\_\_\_\_\_  
\_\_\_\_\_

      Serious illness or accident since birth? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

      Chronic health concerns (asthma, diabetes, seizures, etc.)

\_\_\_\_\_  
\_\_\_\_\_

      Does your child have any allergies, if yes, please list. Does the allergy require emergency medications or treatments?

\_\_\_\_\_  
\_\_\_\_\_

      Has your child ever been diagnosed with a concussion? Describe.

\_\_\_\_\_  
\_\_\_\_\_

      Any other concerns? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian print name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_