



Scituate Public Schools

Scituate, Massachusetts 02066

KINDERGARTEN REGISTRATION HEALTH INFORMATION / HISTORY

Student Name: _____

Address: _____

Telephone Number: (where parent can be reached during the day) _____

Mother's Name: _____

Father's Name: _____

Legal Guardian's Name: _____

Emergency Contact (other than parent) –someone to dismiss your child should we not be able to reach you:

Name: _____

Relationship: _____

Telephone Number: _____

In order to properly care for the health of your child while he/she is in school, please provide the following medical information. Please **circle** any of the following that your child has/had. Give date or age (if applicable)

ADHD	Ear Problems	Rheumatic Fever
Allergies (list on back)	Head Injury	Scarlet Fever
Anemia	Headaches	Sinus Trouble
Asthma	Hearing Problems	Skin Problems; Eczema
Cancer	Heart Problems	Sleep Problems
Constipation	Intestinal/Stomach Trouble	Thyroid Disease
Convulsions/Seizures	Operations	Urinary Tract Infections
Diabetes	Pneumonia	Other Health Problems
Disability	Psychological Problems	

My child is currently taking the following medication. Please list all medications your child is currently taking including those to be given during the school day:

1. _____ 2. _____
3. _____ 4. _____

Signature of Parent/Guardian: _____ **Date:** _____