

St. Mary of the Hills School
Medical Information Form

Registering for (check one):

Preschool____ Prekindergarten____ Kindergarten____ Grade____

Student's Name_____Date of Birth_____

Address_____Gender: (circle one) M F

City/Town_____Tel. No._____

Father or Guardian's Name_____Occupation_____

Mother or Guardian's Name_____Occupation_____

Family Physician_____Tel. No._____

Person other than parent who may be contacted in emergency:

Name	Address	Telephone Number
------	---------	------------------

Does your child take any medication? _____

Does your child have any allergies? _____

Does your child have any medical problems that the school should be aware of? _____

REQUIREMENTS WHEN ACCEPTED

Pre-Kindergarten and Kindergarten – Physical examination within one year with complete list of immunizations including lead screen before school begins.

*** Kindergarten also requires proof of passing vision screen at Doctor's office during past 12 months or within 30 days of start of school year.

Grades 1 through 8 – A physical exam done within the previous year and *health* record from school transferring from.

Current School _____
School telephone number _____

PLEASE COMPLETE THIS FORM AND SUBMIT ALONG WITH A COPY OF YOUR CHILD'S LATEST PHYSICAL BY SEPTEMBER 1ST TO AVOID EXCLUSION. All above information regarding attendance available on school website.