

## GENESEO CENTRAL SCHOOL REGISTRATION FORM - Medical Information

<b>Student's Name:</b>			<b>Date of Birth:</b>				
<b>Section I: Family Health History</b>							
Please check if any members of the immediate family ever had any of the following problems.							
Diabetes: ( )	Epilepsy: ( )	Asthma: ( )	Cancer: ( )	Heart Disease: ( )	High Blood Pressure: ( )	Kidney Problems: ( )	Weight Problems: ( )
<b>Section II: Student Health History - For New Entrants and to Update Health History Record</b>							
<b>Diseases</b>	<b>Date</b>	<b>Diseases</b>	<b>Date</b>	<b>Diseases</b>	<b>Date</b>		
Anemia		German Measles		Scarlet Fever			
Asthma or Allergy		Measles		Tuberculosis			
Chicken Pox		Mononucleosis		Contacts with Tuberculosis			
Diabetes		Mumps		Whooping Cough			
Ear Problems		Nephritis		Migraine Headaches			
Epilepsy		Pneumonia		Seizure(s)			
Frequent Colds, Sore Throats		Rheumatic Fever		Other Illness			
<b>Operations</b>	<b>Date</b>	<b>Serious Injuries</b>			<b>Date</b>		
Appendectomy							
Tonsillectomy							
Other							
Comments:							
Has your child been hospitalized at all since birth? If yes, please give reason(s) and date(s):							
Does your child have any allergies? If yes, please list.							
Please list medications your child takes for allergies.							
Please list medications taken on a regular basis other than those listed above.							
Does your child wear glasses or contacts? If yes, specify any instructions concerning their use.							
When did an eye specialist last see your child?							
Have you ever suspected that your child may have a hearing difficulty? If yes, please specify:							
<b>Section III: Medical Release</b>							
In the event of an <b>EMERGENCY</b> requiring immediate medical attention and I cannot be reached, I give permission for the school nurse to seek the necessary care for my child: <b>HOSPITAL PREFERENCE:</b>							
Doctor:			Phone:				
Dentist:			Phone:				
Insurance Carrier:		Father's ID#:		Mother's ID#:			
If a student needs to take any medication on any field trip, a physician's order and parental consent must be on file in the Health Office. The medication will then be given to the appropriate chaperone for dispensing on the trip. This includes all <i>over the counter medications</i> as well. Medication must be brought into the Health Office by the <b>parent/guardian</b> . If an overnight trip is planned, a new form must be filled out and notarized before a student will be allowed to attend.							
<b>Medical Information Release / Physical Examination Statement - Must be signed to validate</b>							
I give permission to the Geneseo Central School nurse to seek necessary care requiring immediate medical attention in the event I cannot be reached and to release any/all pertinent medical information to Geneseo Central School's faculty/staff to ensure the health and safety of my child on the school grounds and/or on school field trips.							
Check one: <input type="checkbox"/> I will provide the school with a physical examination signed by a duly licensed NY State physician.							
<input type="checkbox"/> My child should receive a physical examination at Geneseo Central School.							
<b>Print Parent/Guardian Name:</b>			<b>Parent/Guardian Signature:</b>		<b>Date:</b>		