

LINDENHURST PUBLIC SCHOOLS

**YEARLY HEALTH UPDATE**

DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ (first) \_\_\_\_\_ (last) \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**NAME OF PARENT(S) OR LEGAL GUARDIAN:**

Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Relationship _____	Relationship _____

**NAMES OF (2) EMERGENCY CONTACTS (other than parent(s) or legal guardian)**

Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

PHYSICIAN TO BE CALLED IN EMERGENCY \_\_\_\_\_  
PHYSICIAN'S PHONE \_\_\_\_\_

Is the student taking any medication? \_\_\_ please specify \_\_\_\_\_

Any illnesses during the past year? \_\_\_\_\_

Special health care during the past year (glasses, dental care, etc.) \_\_\_\_\_

Does your child have any special health problems or allergies? \_\_\_\_\_ please explain:

*\*New York State Education Law requires that every child have a medical examination on entering school and in the 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup> grade. Children who will be entering kindergarten in September must have a physical completed by their FAMILY physician and returned to the school nurse no later than June 1<sup>st</sup>.*

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

*Parent or Guardian*