

**KINDERGARTEN REGISTRATION MEDICAL FORM**

Name of Child \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Legal Guardian: Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other (Name) \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**MEDICAL DATA**

Family Doctor/Primary Care Provider \_\_\_\_\_

Family Dentist \_\_\_\_\_ Has your child had dental care? \_\_\_\_\_

Name of Health Insurance Coverage \_\_\_\_\_

If your child is uninsured, would you like information about health insurance programs available from the Massachusetts Department of Public Health? YES \_\_\_ NO \_\_\_\_\_

**HAS YOUR CHILD HAD ANY OF THE FOLLOWING? (Please describe)**

Is your child receiving medication? If so, what? \_\_\_\_\_

Accidents (Date and description) \_\_\_\_\_

Food Allergy: \_\_\_\_\_ Medication Allergy: \_\_\_\_\_

Insect sting Allergy: \_\_\_\_\_ Environmental Allergy: \_\_\_\_\_

Asthma (list what triggers it) \_\_\_\_\_

Symptoms \_\_\_\_\_

Inhaler/medications? \_\_\_\_\_ Need medication in school? Yes \_\_\_ No \_\_\_

Celiac Disease \_\_\_\_\_ Constipation/bowel problems \_\_\_\_\_

Diabetes \_\_\_\_\_

Ear Infections – Frequency \_\_\_\_\_ Ear Tubes – Yes \_\_\_\_\_ No \_\_\_\_\_

Head Injury \_\_\_\_\_ If yes, date & type \_\_\_\_\_

Hearing problems \_\_\_\_\_

Heart Disease \_\_\_\_\_ Kidney Disease \_\_\_\_\_

Lactose intolerance \_\_\_\_\_ Lead Poisoning \_\_\_\_\_

Operations (include type & date) \_\_\_\_\_

Scoliosis \_\_\_\_\_

Seizures \_\_\_\_\_ If yes, date of last seizure \_\_\_\_\_

If yes, on any medication? (specify medication) \_\_\_\_\_

Vision Problems \_\_\_\_\_ Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_

Other \_\_\_\_\_

Please describe any physical disability or serious illness \_\_\_\_\_

Additional information that may be pertinent to your child's well being \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_