

VERNON PUBLIC SCHOOLS

Pre-Kindergarten/Kindergarten - Registration Health Survey

Student's Name _____ Birth Date _____ Sex _____
Address _____
Mother's Name _____ Telephone Number - Home _____
Work _____
Father's Name _____ Telephone Number - Home _____
Work _____

Please complete this Health Survey at the time of registration. The School Nurse and School Social Worker will review this information in order to meet your child's individual needs upon school entry.

1. Was your child born full term? Yes _____ No _____ If no, was child born early? _____ Late? _____
2. Child's birth weight _____
3. Have you noted any problems in your child's development to date? Yes _____ No _____
If yes, please explain: _____
4. Did your child attend a pre-school, a nursery school, or a Head Start Program? Yes _____ No _____
5. Did your child attend a day care program? Yes _____ No _____
If yes, please provide the name, address, and telephone number of the program: _____

HEALTH ALERT

1. Vision/Eye Problems: Glasses _____ Eye Surgery _____ Other _____
2. Hearing/Ear Problems: Hearing Loss _____ Frequent Ear Infection _____ Tubes in Ears _____
Other _____
3. Asthma _____
4. Allergies: To Food _____ Medications _____
Bee/Insect Stings _____ Environment _____ Other _____
5. Physical Handicaps _____
6. Diabetes _____
7. Seizures or Epilepsy _____
8. Serious Injury/Illness _____
9. Surgeries _____
10. Other _____
11. Does your child take medication(s) on a regular or daily basis? Yes _____ No _____
Name of medication(s) _____
12. Have there been any major changes or stresses in your child's life of which we should be aware?
Yes _____ No _____
If Yes, please explain _____
13. Do you have any concerns about your child's transition to school? Yes _____ No _____
14. Would you like to meet with the School Nurse to discuss any concerns you have in regard to your child?
Yes _____ No _____
15. Would you like to meet with the School Social Worker to discuss any concerns you have in regard to your child?
Yes _____ No _____

Completed By _____ Date _____

Relationship to Child _____