

WASHINGTON TOWNSHIP SCHOOLS – REGISTRATION HEALTH HISTORY FORM

Child's Full Name: _____ DOB: _____ Grade Entering: _____

Teacher: _____ Parent's Name: _____ Phone: _____

IMMUNIZATIONS – State law requires the following immunizations before entering Kindergarten:

- D.P.T. 4 doses – last dose on or after 4th birthday
- Polio Sabin 3 doses – last dose on or after 4th birthday
- MMR 2 doses on or after 1st birthday at least one month apart
- HIB 4 doses
- Hepatitis B 3 doses
- Varivax 1 dose on or after 1st birthday

Immunizations before entering 6th Grade

- Tdp 1 dose prior to 6th grade
- Meningococcal 1 dose prior to 6th grade

A signed statement from your doctor verifying these immunizations must be presented to the school.

MEDICAL HISTORY – Does your child have a history of any of the following? Enter dates:

Allergies	Asthma	Ear Infections
Chicken Pox	Diabetes	Drug Sensitivity
Heart Disease	Hepatitis	Mononucleosis
Neuromuscular Disease	Operations	Rheumatic Fever
Seizures/Convulsions	Hearing or Vision Problems/glasses	Injuries (broken bones/stitches)
Strep Throat Infections	Hospitalizations	Lyme Disease
Scarlet Fever	Significant Birth History	Congenital Defects

Description of medical condition/special health need _____

MEDICATION – Does your child take medicine daily? Yes _____ No _____

Medication _____ Ordered by Dr. _____

I give permission for the School Nurse to inform appropriate staff members of my child's medical condition and/or special needs(s) while a student in Washington Township School district.

Yes _____

No _____

Parent Signature

Date