



WSD HEALTH OFFICE FORM



COMPLETE AND RETURN ALONG WITH CHILD'S IMMUNIZATION RECORDS AND PHYSICAL EXAM

STUDENT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE
<input type="radio"/> Female <input type="radio"/> Male	<input type="text"/>	<input type="text"/>
GENDER	DATE OF BIRTH	PLACE OF BIRTH
		INCOMING GRADE

ADDRESS

STREET (No PO Box):

WINDHAM, NH 03087

Does your child have any medical conditions/needs the school be aware of? ☐ Yes ☐ No

If Yes, please explain:

Does your child have a physician-documented allergy? ☐ Yes ☐ No

If Yes, please explain:

Does your child require the use of an Epi-pen? ☐ Yes ☐ No

If Yes, you will be required to provide the school Nurse with Doctor's orders.

If yes, does your child require placement in an allergy-aware classroom? ☐ Yes ☐ No
(Grades K-6 ONLY)

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	PHONE	EMAIL	RELATIONSHIP

PARENT/GUARDIAN 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	PHONE	EMAIL	RELATIONSHIP

Student Lives with: ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Guardian