****** 2019-2020 Health Form Notice ******

PLEASE READ CAREFULLY AND SAVE !!!

All health forms must be returned to:

Circle Nursery School
10 Park Place
Avon, NY 14414

DUE NO LATER THAN August 15, 2019

We urge you to make an appointment with your child's doctor soon for a physical examination and to fill out the enclosed immunization form. Circle Nursery School requires health forms and ***NO exceptions*** will be made for the receipt of health forms beyond the due date. **The failure to return the health form by the due date will disqualify your child from the Circle Nursery School Program and the child's spot may be given to a child on a wait list. If your child has food allergies, an Allergy Action Plan signed by your doctor must be submitted with this document.**

We have been forced to adopt this policy due to the requirements of the New York State Department of Health. We are required to have health and immunization records for all children on file when school begins.

We appreciate your understanding and cooperation regarding these requirements.

The Board of Directors of Circle Nursery School

Serving the Avon Community since 1977

REQUIRED BY THE STATE OF NEW YORK DEPARTMENT OF HEALTH

Circle Nursery School Year 2019-2020

Please have your family physician complete this medical health record. This form **must** be signed and submitted by the due date **(August 15, 2019)** in order to complete your child's registration into Circle Nursery School. *You may also use a printed and signed form from your doctor's office.*

Child's Name_____ **DOB**_____

Street Address_____ City_____

State_____ Zip_____ Phone(____)_____

Please specify month/date/year for each applicable line below

1. DPT or DT	_____	_____	_____	_____
2. Oral Polio	_____	_____	_____	_____
3. HIB	_____	_____	_____	_____
4. MMR	_____	_____	_____	_____
5. HEP B	_____	_____	_____	_____
6. Lead Screening	_____	_____		
7. Varicella	_____			
8. PCV7 (pneumococcal conjugate vaccine, or Prevnar)	_____			
9. Other	_____			

Please check all of the following illnesses or conditions that your child has had:

_____Anemia	_____Rheumatic Fever	_____Chicken pox
_____Strep Throat	_____Epilepsy	_____Scarlet Fever
_____Measles	_____Heart Disease	_____Mumps
_____Pneumonia	_____Kidney Disease	_____Serious Injury
_____Operations	_____Whooping Cough	_____Ear Conditions
_____Diabetes	_____German Measles	_____Allergies
_____Disabilities	_____Other (detail on back)	

Please turn over…

_____Takes medication regularly – if so, please specify:_____

_____ Are there any disabilities, allergies, or other medical conditions that the teachers need to be aware of? if so, please specify:

_____

*Please note that teachers are not authorized to administer medications or perform medical procedures.

Is this child physically fit & able, at this time, to attend nursery school?

_____Y _____N

Physician's Signature_____Date_____

Office Address_____Phone_____