

St. Mary of the Hills School  
Medical Information Form

ALL MEDICAL INFORMATION DUE BY SEPTEMBER 1

Registering for (check one):

EL (2.9 year old) \_\_\_ PreS (3 y.o.) \_\_\_ PreK (4 y.o.) \_\_\_ K (5 y.o.) \_\_\_ Grade \_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

City/Town: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father/Guardian Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Guardian Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Person other than parent who may be contacted in emergency:

Name	Address	Telephone Number
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Does your child take any medication? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any medical problems that the school should be aware of? \_\_\_\_\_

**REQUIREMENTS WHEN ACCEPTED**

Early Learners, Preschool, Pre-Kindergarten and Kindergarten – Physical examination within one year with complete list of immunizations including lead screen before school begins.

Kindergarten also requires proof of passing vision screen at Doctor's office during past 12 months or within 30 days of start of school year.

Grades 1 through 8 – A physical exam done within the previous year *and* health record from school transferring from.

Current School \_\_\_\_\_

School Telephone Number \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND SUBMIT WITH YOUR APPLICATION. A COPY OF YOUR CHILD'S LATEST PHYSICAL IS DUE BY SEPTEMBER 1<sup>ST</sup> TO AVOID EXCLUSION. All above information regarding attendance available on school website.**