

(Student Name)

(Date of Birth)

(Entering Grade)

**NEW BOSTON CENTRAL SCHOOL
NEW REGISTRATION HEALTH QUESTIONNAIRE**

Judith Limondin, RN School Nurse 487-2211, ext 5733

Written documentation from your provider of up-to-date vaccinations and a recent physical exam are required prior to school entry.

Does your child have a Primary Care Provider (MD, Nurse Practitioner, Clinic)? ☐ yes ☐ no

Date of last Physical: _____ Provider's name: _____

Were there any special concerns or recommendations? _____

Has your child ever been hospitalized? ☐ yes ☐ no For what reason? _____

Describe any serious illnesses or accidents your child has had: _____

Does your child have any allergies? ☐ yes ☐ no Please list: _____

Does your child have an Epi-pen for severe allergic reactions? ☐ yes ☐ no

Does your child have asthma? ☐ yes ☐ no If yes, list daily and rescue medications below.

Does your child use a rescue inhaler? ☐ yes ☐ no

Is your child on any prescription medication? ☐ yes ☐ no

Please list: Name Dose Time given Reason for taking

For prescription medication to be administered at school, the NH Department of Education requires a signed doctor's order and signed parent request (form available from the School Nurse) and the medication must be in its original prescription bottle, brought to the school by a responsible adult. Please contact the school nurse to make these arrangements.

CHILDREN MAY NOT CARRY ANY MEDICATION TO OR FROM SCHOOL

Medical concerns, please check all that apply and provide treatment details below:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> Urinary problems	<input type="checkbox"/> Skin problems	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Attention Deficit Disorder		<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Frequent Nosebleeds
<input type="checkbox"/> Frequent Ear Infections		<input type="checkbox"/> Frequent Stomachaches	<input type="checkbox"/> Bowel Problems
<input type="checkbox"/> Orthopedic Issues		<input type="checkbox"/> Other	

Please complete both sides and return to school

New registration

Does your child have a dentist? ___ yes ___ no ___ My child has never seen a dentist.

Date of last dental cleaning/consultation: _____

Every year in early March, students are able to have their teeth cleaned and receive a fluoride treatment by Dr. Brenner at very low cost (\$10) or for free if family funds are limited. Transportation is provided during school hours to his office in New Boston. Would you like your child to participate in the dental cleaning program in March? ___ yes ___ no (More information will be sent home prior to the program.)

Do you suspect your child has difficulty hearing? ___ yes ___ no If yes, please describe: _____

If your child has ever had a hearing assessment and/or treatment for a hearing problem, please describe: _____

Do you suspect your child has a vision problem? ___ yes ___ no If yes, please describe: _____

Has your child ever had a vision exam? ___ yes ___ no If yes, please describe findings: _____

Does your child wear glasses? ___ yes ___ no

Is your child generally able to separate from you without difficulty? ___ yes ___ no

Does your child's activity level seem appropriate for a child her/his age? ___ yes ___ no

Please describe any behavior problems your child experiences (tantrums, hitting, crying easily). _____

Describe any physical limitations your child has and any modification or restriction necessary to accommodate your child's health or safety: _____

Please list the name(s) and age(s) of any other children in the household: _____

Please supply any additional information you feel would be helpful. _____

I understand that under the NH Department of Education administrative rule Ed 311.02, all children, prior to entering public school, shall produce documentation of immunization in accordance with the requirements adopted by the NH Commissioner of Health and Human Services. Further, Ed 311.03 requires documentation of a complete physical exam within the year prior to the date of entry into the public school system.

Parent/guardian signature: _____ Date: _____