

Complete this form and mail with Primary Registration Form

MANHASSET SUMMER CENTER
MEDICAL FORM

For Office only: Grade Pre-___ Classroom # _____ Teacher _____

Immunization Form Rec'd _____ *Birth Certificate Rec'd* _____

- All Pre-K, Pre-1 and Pre-2 registrations must include a copy of immunizations. This copy is in addition to that required in September.
- All Pre-K students and students not enrolled in Manhasset Public Schools or St. Mary's must include copy of birth certificate.

GRADE: Pre-K___ Pre-1 ___ Pre-2 ___ **Birthdate** _____

Please Print

Child's Last Name _____ Child's First Name _____ M ___ F ___

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

Address _____ Home # _____

Contact in case of emergency:

(1) _____ Phone # _____

(2) _____ Phone # _____

Doctor _____ Doctor's # _____

1. Does your child have any significant health problems which would impact on his/her school day? Please specify.

2. Does your child have any allergies? If so, please list.

3. List any medications taken on a regular basis (other than vitamins).

4. List any vision or hearing problem your child has experienced.