

Complete this form and mail with Intermediate Registration Form

MANHASSET SUMMER CENTER
MEDICAL FORM

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

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

All students not enrolled in Manhasset Public Schools or St. Mary's must enclose a copy of immunizations.

GRADE: Pre-3 ___ Pre-4 ___ Pre-5 ___ Pre-6 ___ Birthdate _____

Please Print:

Child' 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 problems your child has experienced.
