

GARDEN MANOR NURSERY SCHOOL

Health Form (2021-2022)

Please have physician complete this form and return to Garden Manor Nursery School
(33 Jefferson St., Garden City, NY 11530) by August 25, 2021

Student Information:

Name _____			Date of Birth: _____		
Last	First	MI	Month Day Year		
Address: _____			Parents' Name: _____		
Street			Mother		
City, State, Zip			Father		

In accordance with New York State Public Health Law 2164 a Certificate of Immunization, signed by a physician, listing exact dates, must be on file the first day of school. Immunizations listed are required.

Students cannot be admitted to school if the immunization requirement is not met.

Record of vaccinations required for school attendance:

1st dose 2nd dose 3rd dose Booster

DPT _____	Date of Live Vaccines given:
Poliomyelitis _____	MMR (1) _____
Varicella _____	MMR (2) _____
Pneumococcal (PCV) _____	Hepatitis B: _____
	Hib Vaccine: _____

Does the child have or had any of the following:

Operations: _____
Serious Illnesses: _____
Allergies: _____

(ALLERGIES MUST BE FILLED OUT, LEGIBLY, please).

Any physical weakness, defect or chronic condition which the school should take into consideration, (sight, hearing, heart, etc.) _____

Any past experiences (accident, etc.) which have influenced his/her physical or emotional condition _____

I have examined _____ and, in my opinion, he/she is in good physical condition to attend Nursery School.
(name)

Physician's Name (PRINT) _____

Date _____

Physician's Signature _____

Phone _____

Address _____

Emergency Treatment Permission for the 2021-2022 school year.

If _____ (name) should require medical attention due to accident or illness during school hours, and neither he/her parent nor the family physician can be reached, I hereby give permission to have emergency treatment administered.

Parent Signature _____

Date _____