

Broad Brook Elementary School  
Kindergarten Registration  
2019-2020  
Medical Screening

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

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please circle all health issues listed below that apply to your child:***

Hearing problem/hearing aid

GERD/reflux

Vision problem/glasses/contacts

ADHD/ADD

Diabetes

Asthma

Sickle Cell Trait

Scoliosis

Cancer

Cerebral Palsy

Kidney Depression

Anxiety

Autism/Asperger's

Heart problems

Nutritional/weight issues

Lyme Disease

High blood pressure

PDD/NOS

Migraines

Seizures

OCD

PTSD

Please explain any items that you may have circled: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? (ie food, insects, latex, or medications):

\_\_\_\_\_

\_\_\_\_\_

Will your child need prescription medication at school? Yes or No (circle one)

Please specify: \_\_\_\_\_

\_\_\_\_\_

Does your child take prescription medication at home?

\_\_\_\_\_

\_\_\_\_\_

Students with a life-threatening allergy must have an EpiPen at school. Students who have asthma and use a rescue inhaler at home are required to have an inhaler at school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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