

**DELAWARE VALLEY SCHOOL DISTRICT
MILFORD, PENNSYLVANIA 18337
HEALTH REGISTRATION FORM**

Date of Entry _____
Grade _____

Teacher _____
School _____

Dear Parent:

When your child enters school, we establish a cumulative record file on him/her to enable us to have a greater understanding of your child's needs. All information, of course, will be kept strictly confidential, so please answer every question. Birth certificate and Immunization Record must be presented at registration.

PLEASE PRINT NEATLY. Thank you for your cooperation.

Has your child ever attended school in DVSD? _____
If yes, what grade? _____

Pupil's Name _____

Mailing Address _____
No. Street

Home Telephone No. _____

Town State Zip Code

Birthdate _____ Birthplace _____ Community or Road _____

Last School Attended: _____ City or Town: _____ Grade: _____

Father or Male Guardian

Mother or Female Guardian Name

Name	
Relation to Child	
Occupation	
Cell Phone	
Work Phone	
Email	

Child lives with: Both Parents _____ Father _____ Other person _____ (name & relationship to student)
Language spoken in home _____

OTHER CHILDREN IN FAMILY

Name	Birthdate	School	Name	Birthdate	School

If parent is not available in Emergency, call:

1. _____
2. _____

Physician to be called in Emergency: _____

Name Address Phone No.

DISEASE & HEALTH HISTORY

Asthma or Bronchitis: _____

Foods, Drugs, Hay Fever, Grasses, Animals – PLEASE BE SPECIFIC: _____
Any Hospitalization, stitches or fractures? _____

Family History of Color Blindness: _____ If yes, whom? _____

Eye Glasses Yes _____ No _____ Contacts Yes _____ No _____ It is advised that every child wearing eye glasses should receive periodic eye examinations. The school would appreciate a report of exam and name of examiner together with any recommendations for school.

Does your child have any other medical conditions? Yes _____ No _____

List: _____

Does your child take any medication? Yes _____ No _____ If so please list _____

Will your child need to take medication at school? Yes _____ No _____ Please list: _____

Do you have health insurance for your child? Yes _____ No _____