

Harris Private School

_____ - _____ **School Year**

Student Registration Form

(PLEASE PRINT)

Student's Full name _____ Grade _____

Ethnic Origin _____ SS# _____ Date of Birth _____

Address (if different) _____

Allergies: _____ Drugs _____ Insect bites/stings _____ Food Products

(Please explain condition and give instructions for student's care): _____

Date of last tetanus shot: _____ Is the student current on all immunizations? _____ Yes _____ No.

Medication being taken: _____

Illnesses we need to be aware of: _____ Diabetes _____ Cardiac _____ Asthma _____ Epilepsy

_____ Emotional Handicap _____ Metal Handicap _____ Physical Handicap _____

(Please explain condition and give instructions for student's care): _____

Are there any physical or medical conditions we should know about not listed above? If so, please explain the condition and give instructions for student's care (additional space on reverse side) _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Permission to Dispense Prescription Medicine: Please see the back of the handbook or the web site (www.harrisprivateschool.org) for a *Request for Medication Administration* form. On the back is the *Physicians Statement of Need* form that must be signed by the prescribing Doctor. Take this with you to your appointment.

Permission to Dispense Non-Prescription Medicine:

Name of Medication: _____ Dosage _____

Circumstances where permission to dispense is given: _____

HPS generally has Ibuprofen and/or Tylenol available on campus. If you would like to send another type of non-prescription medicine, you can send it in the original bottle with your child's name on it. We will not dispense medication unless it is in the original bottle. If this form is not has not been signed and returned to the office, your child will not be able to have any medication. However, they will have general first-aid available; band-aids, antibacterial ointment, ice.

Parent/Guardian's Signature _____

Date _____

Phone _____

If we do not have your child's Birth Certificate or Immunization Record, please include them with this form