

Harris Private School

Student Registration Form _____ - _____ School Year

(PLEASE PRINT)

Student's Full name: _____ Grade entering: _____ Date of birth: _____

Optional: Ethnic origin _____ Student e-mail _____ Student cell: _____

- **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.

- **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): _____

- **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: _____

• **Medication** being taken: _____

- **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:** If you would like to send another type of non-prescription medicine beyond what we have available at the school, 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 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, and ice.

500 mg of Acetaminophen _____ 160 mg of Acetaminophen _____ Cough drops _____ Tums _____

Circumstances where permission to dispense is given: _____

Parent/Guardian's Signature

Date

Phone

If we do not have your child's **birth certificate** or **immunization** records, please include them with this form.