



DRYDEN

CENTRAL SCHOOL DISTRICT

P.O. Box 88
Dryden, NY 13053
Main Office (607) 844-8694
District Office (607) 844-5361
FAX (607) 844-4733

Health Office Medical Information

Name of your child _____ Date of birth _____

Name of your child's health care provider/doctor _____

Name of your child's dentist _____

Name of your child's health insurance provider _____

Emergency Health Care Contacts: Please fill in the names, addresses and phone numbers of two adults we can contact in the event that we cannot reach you in an emergency:

Does your child have or has she or had any of the following illnesses:

Allergies: (list specific allergies) _____

Asthma: (list hospitalizations, medications) _____

Seizures (date of last seizure, medications) _____

Diabetes (date of onset, medications) _____

Other chronic medical problem _____

Does your child have any other health issues that we should know about?

*****I understand that I will need to provide a copy of my child's annual health exam from their health care provider dated within the previous twelve months from the date of entry into the DCSD, and within 12 months previous to the start of their Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grade years.***

Parent/Guardian Printed Name

Parent/Guardian Signature

Date