Newport Public Schools
437 Broadway, Newport, RI 02840-1739
Phone: (401) 847-2100 ● Fax: (401) 849-0170

HEALTH INFORMATION

The following information is needed for your child's health record.

Name of Child:____________________ School:___________________________ Date:____________________________
Address:___________________________ Tel:______________________________ DOB:_____________________________
Father's Name:____________________ Employment:_____________________ Tel:______________________________
Mother's Name:___________________ Employment:_____________________ Tel:______________________________
Guardian's Name:_________________ Employment:_____________________ Tel:______________________________

Child's Physician: ____
Address: ____

Does your family have health insurance?: ____
Name of insurance company (optional): ____

Please attach immunization record. The date (month, day, year) and signature of physician or designee must be included.
HEALTH INFORMATION WILL BE SHARED WITH APPROPRIATE SCHOOL STAFF

Diseases	Year	Explanation
Allergy		
Asthma		
Chicken Pox		
Diabetes		
Ear Infection		
Eczema		
Heart Disease		
Operations		
Other		
Pneumonia		
Seizure Disorder		
Serious Accident		
Serious Illness		

Does your child have any physical condition of which the school should be aware? _______________________________________
If yes, explain: ____
____
____

Does your child have a health condition(s) which may require EMERGENCY ACTION while he/she is at school?
No_________Yes__________If yes, explain: ____
____
____

Does your child have a hearing problem?_________Does your child wear glasses?_________

MEDICATION: Is your child on medication? Yes __________ No __________
Name of Medication:_________________________________Reason: ____

Is there a need for you or your child to have a conference with the school nurse?: _______________________________________
Yes_________No__________I give the school nurse permission to contact my student's physician, dentist, or other agencies should it become medically necessary.

DATE:____________ PARENT'S SIGNATURE: ____

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Providing Quality Education that Makes a Difference in Each Student's Life

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