Amherst Nursery School
350 Saratoga Rd Snyder, NY 14226 (716) 839-0298 fax: (716) 839-2166 amherstnurseryschool@verizon.net

Required Health Information

Child's Name ________________________________ Birthdate _______________ Date of last yearly physical _____________

- **NEW families must supply a copy of child's most recent yearly physical exam with immunization record in order to register.** Exam date should be no longer than one year previous to application date. Provider may also send or fax form.
- **RETURNING families – form is on file.** You do not need to include one to pre-register, unless it is dated more than one year ago.
- **ALL Parents are responsible for submitting copy of new form after each subsequent yearly physical, whenever it falls during the year.** We will maintain a record of yearly exam dates for all students in the office.

STOP Before returning form to ANS, you must ensure that physician's form is signed and dated and includes the following NYS required information

Or, you may work with provider to fill out information below

Appropriate Vision Screening ☐ Normal Referral (reason) ____

Appropriate Hearing Screening ☐ Normal Referral (reason)____

Lead Screening – elevated lead ☐ Yes ☐ No ☐ Not done Date:________________________

Allergies ☐ Food* ____________________________ Allergic reaction by: ☐ ingestion ☐ contact ☐ proximity/airborne

____

Physician must attach an action plan detailing which foods are to be restricted from classroom and/or not contacted by child.

Allergy possibly life-threatening? ☐ Yes ☐ No

Immunizations. *See reverse of this form for NYS health information requirements for preschool, a list of NYS required immunizations, recommended screenings for preschool, and exemption requirements.*

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Dental Health Information

Have you noticed any problem in the mouth that interferes with your child's ability to chew or speak? ☐ Y ☐ N

Do you suspect that your child may have an open cavity? ☐ Y ☐ N

Has your child visited a dentist? ☐ Y ☐ N

If yes, name of dentist ____ Date of last exam ______________

Do you plan to have your child visit a dentist within the next year? ☐ Y ☐ N

If yes, name of dentist ____

Appointment date ________________ ☐ Appointment not yet scheduled