Arlington Public Schools: Student Registration

869 Massachusetts Avenue, Arlington, MA 02476 | arlington.k12.ma.us

(official use only) SASID #

Last Name	First Name	Middle Name	District of Residence	Date of Pre-Reg.

Health History

We would like your child to gain the most from his/her school experience. Please fill out this brief health history form on your child. This information will help the school nurse to better understand your child and assist in the transition into school life.

Physician's Name	

Does the student have any of the following conditions?

☐ ADD / ADHD	☐ Autism or Asperger Syndrome	☐ Diabetes Type 1	☐ Migraines
☐ Allergies	☐ Depression	☐ Diabetes Type 2	☐ Seizure Disorder
☐ Asthma	☐ Development Delay	☐ Heart Condition	

If student has conditions above, please contact your school nurse to schedule a meeting.

Does the student have an EpiPen?	☐ Yes ☐ No		
Does the student have any other medical, psychological, emotional or developmental conditions?	☐ Yes ☐ No	Describe	
Will the student need a daily or emergency medication at school?	☐ Yes ☐ No	Describe	
Has the student ever been hospitalized or had surgery?	☐ Yes ☐ No	Describe	
Does the student have hearing problems?	☐ Yes ☐ No	Describe	
Does the student have vision problems?	☐ Yes ☐ No	Describe	
Would you like information about Mass-Health? This is a provider of free or low cost health insurance.	☐ Yes ☐ No		

Print Name	Signature	Date