



WHISPERING PINES SEVENTH-DAY ADVENTIST SCHOOL

211 Jericho Turnpike ♦ Old Westbury, NY 11568

Phone: (516) 997-5177 ♦ Fax: (516) 997-2138

www.whisperingpinesschool.org

Dear Parent/Guardian:

In order for us to best serve your child, we need your help in assuring that the records in our school health office are up to date. Please complete this form, have your family doctor fill out the Physician's Certificate and return the forms to the school nurse.

Sincerely,
Westbury Public Schools

Student: _____	Date of Birth: _____
Address: _____	
Home Telephone #: _____	Cell Phone #: _____
Mother/Female Guardian: _____	Father/Male Guardian: _____
Work Address: _____	Work Address: _____
Work Telephone #: _____	Work Telephone #: _____

Emergency Contacts:	THIS INFORMATION MUST BE PROVIDED
Name of Contact #1: _____	Name of Contact #2: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____

HISTORY					
	Check		Check		Check
Anemia		Sickle Cell		Asthma	
Chicken Pox		Heart Disease		Allergy	
Diabetes		Pneumonia		Surgeries	
Seizure		Tuberculosis		Serious Injuries	

ANY SERIOUS ILLNESS OTHER THAN ABOVE <input type="checkbox"/> DETAILS IF PERTINENT _____ _____ Is your child supposed to wear glasses? ___ YES ___ NO Does your child wear contact lens? ___ YES ___ NO
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Does your child have any physical or emotional condition(s) requiring restrictions of his/her participation in physical education or any other school activity? ___ YES ___ NO. If yes, please contact the principal or school nurse at once.

Parent/Guardian Signature: _____ Date: _____