

BENSWIC[®]

AFTERSCHOOL PROGRAM

HEALTH FORM

Student Name & Session: _____ Student Dates: _____ to _____

Student's Name: _____

Date of Birth: _____ Gender: _____ Age: _____

Insurance Information Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Does the student currently have any of the following? Allergies **(list all)**: _____

Please provide any information about current physical, mental or psychological conditions that may affect the student's ability to fully participate in the program: _____

Has the student been hospitalized within the past 5 years? _____ No _____ Yes

If yes, please describe: _____

Is the student currently taking any medications **(prescription and over - the counter)**:
_____ No _____ Yes

If yes, please list the drug**(s)** and dosage: _____

In accordance with Benswic, we will not administer medications of any type **(prescription or over - the - counter)** to student participants of any age. Benswic will not be held responsible for storing medication**(s)** . Parent**(s)**/Legal Guardian**(s)** and student participants will be held responsible for administering and storing medication**(s)** in a discrete place during student.

We strongly recommend Parent**(s)**/Legal Guardian**(s)** of student participants that have been prescribed medication**(s)** that are self - administered to treat potentially life - threatening conditions **(i.e. inhalers, EpiPen)** meet with our Nurse Consultant during check - in to discuss their use.

As of this date, has the student received all immunizations required New York Law?
_____ No _____ Yes

New York Youth Student Standards require students to be immunized with the vaccinations required for child - care center, preschool or school attendance as appropriate for the student's age. Students who do not comply with this schedule will not be allowed to participate in student. This is the [LINK](#) to get a copy of **NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION FORM**

I am the legal parent/guardian of the above named participant. I hereby certify that to the best of my knowledge, the information requested is complete and correct .

Parent/Guardian Signature:

_____ Date: ____/ ____/ ____

Parent/Guardian Name:
