

Anthony Wayne Local Schools Kindergarten Registration

Submitting Health Forms

Dear Kindergarten Parent/Guardian:

Welcome to Anthony Wayne Local Schools! We are excited to partner with you to make your child has the proper medical documents on file before starting school this fall. Please submit the following documents to complete your child's kindergarten registration.



Requested Health Information Forms & Required Immunizations

The attached *Physician's Report for Kindergarten* and your child's immunization records must be provided to the school. More details are below.

Physician's Report for Kindergarten

- This form must be completed and signed by your child's doctor, based on information from your child's 5-year physical/wellness visit.

Immunization Documentation

- A copy of your child's up-to-date (including 5-year-old shots) must be given to your child's office by **September 7, 2023**.

Submitting Forms & Immunization Documentation

Once complete, the forms can be returned during your Kindergarten Registration appointment or to your child's school office.

IMPORTANT: If the school does not have an immunization record on file **by September 7**, your child will not be permitted to attend school starting **September 8**. This is in accordance with Ohio Revised Code 3313.67 / 331.671.

A Medical, Religious or Philosophical Immunization Exemption form is offered in accordance with Ohio Revised Code 3313.671 or 3313.671 and is available online at www.AnthonyWayneSchools.org/HealthServices.

Recommended Vision Screening

While not required, we highly recommend your child receives a professional eye exam prior to starting school. Vision disorders are very common with one in 17 preschoolers and one in four school age children requiring vision treatment.

Thank you for submitting your child's completed kindergarten health forms on time.

Fay Birkemeier, RN

Monclova Primary: 419-865-9408

Valerie Bradfield, RN

Waterville Primary: 419-878-2436

Laura Soeder, RN

Whitehouse Primary: 419-877-0543



Kindergarten Registration Information

www.AnthonyWayneSchools.org/Kindergarten

Anthony Wayne Local Schools
PHYSICIAN'S REPORT FOR KINDERGARTEN

Student's Name	Sex (circle) Male Female	Date of Birth
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Health History (Serious or chronic illnesses/injuries/surgeries/medications)

Physical Examination (Date: _____)

Essentially Normal Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical education classes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contact and collision sports	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

IMMUNIZATIONS

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).

A copy of the child's immunization record may be attached or dates may be entered below.

	Date	Date	Date	Date	Date
DTAP					
Polio					
Hepatitis B					
MMR					
Varicella					

Health Care Provider's Signature	Address
Print Name	
Date	Phone Number