

Child's

Last Name [ ] First Name [ ] Middle Name [ ]

- 1. [ ] Yes [ ] No Is your child currently under the care of a medical doctor or specialist? If yes, for what reason?
2. [ ] Yes [ ] No Has your child ever been hospitalized for illness or surgery? Is yes, for what reason and when.\*
3. [ ] Yes [ ] No Does your child take any medication on a daily basis? If so, what and for what reason?
4. [ ] Yes [ ] No Does your child have any condition which would restrict participation in physical education classes and/or other strenuous activities? If yes, please explain.\*
5. [ ] Yes [ ] No Does your child have now or have they ever had behavioral or emotional issues?\*

- 6. Does your child have or ever had:
Allergies ..... Yes [ ] No [ ]
Asthma ..... Yes [ ] No [ ]
Blood Disorder ..... Yes [ ] No [ ]
Bronchitis ..... Yes [ ] No [ ]
Chicken Pox ..... Yes [ ] No [ ]
Congenital Defects ..... Yes [ ] No [ ]
Diabetes ..... Yes [ ] No [ ]
Glasses/Contacts ..... Yes [ ] No [ ]
Headaches ..... Yes [ ] No [ ]
Hearing aid ..... Yes [ ] No [ ]
Hearing problems ..... Yes [ ] No [ ]
Heart Condition ..... Yes [ ] No [ ]
Hepatitis ..... Yes [ ] No [ ]

- Lyme Disease ..... Yes [ ] No [ ]
Mononucleosis ..... Yes [ ] No [ ]
Muscular Problems ..... Yes [ ] No [ ]
Neurological Problems ..... Yes [ ] No [ ]
Nosebleeds ..... Yes [ ] No [ ]
Orthopedic problems ..... Yes [ ] No [ ]
Pneumonia ..... Yes [ ] No [ ]
Rheumatic Fever ..... Yes [ ] No [ ]
Seizures ..... Yes [ ] No [ ]
Serious illness ..... Yes [ ] No [ ]
Speech impairment ..... Yes [ ] No [ ]
Tuberculosis ..... Yes [ ] No [ ]
Vision problems ..... Yes [ ] No [ ]

If yes to any of the above, please explain:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Birth Weight \_\_\_\_\_ Full Term \_\_\_\_\_ Premature \_\_\_\_\_

Were there any problems during pregnancy or birth?\*

Explain \_\_\_\_\_

7. Please notify School Nurse of any medical problems, serious illness, communicable disease, or if your child receives any immunizations. Also, please note that New Jersey law requires both doctor and parent permission for taking medication in school. Without both signed permission statements, the nurse CANNOT give the medication even if you send it to school.

8. I authorize the school nurse to release information regarding health concerns/medical issues that may impact my child's safety or performance in school. [ ] Yes [ ] No

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

\*Use reverse side to supply additional information.