**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 ☐ | Lyme Disease | Yes ☐ | No ☐ |
| Asthma | Yes ☐ | No ☐ | Mononucleosis | Yes ☐ | No ☐ |
| Blood Disorder | Yes ☐ | No ☐ | Muscular Problems | Yes ☐ | No ☐ |
| Bronchitis | Yes ☐ | No ☐ | Neurological Problems | Yes ☐ | No ☐ |
| Chicken Pox | Yes ☐ | No ☐ | Nosebleeds | Yes ☐ | No ☐ |
| Congenital Defects | Yes ☐ | No ☐ | Orthopedic problems | Yes ☐ | No ☐ |
| Diabetes | Yes ☐ | No ☐ | Pneumonia | Yes ☐ | No ☐ |
| Glasses/Contacts | Yes ☐ | No ☐ | Rheumatic Fever | Yes ☐ | No ☐ |
| Headaches | Yes ☐ | No ☐ | Seizures | Yes ☐ | No ☐ |
| Hearing aid | Yes ☐ | No ☐ | Serious illness | Yes ☐ | No ☐ |
| Hearing problems | Yes ☐ | No ☐ | Speech impairment | Yes ☐ | No ☐ |
| Heart Condition | Yes ☐ | No ☐ | Tuberculosis | Yes ☐ | No ☐ |
| Hepatitis | 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 <u>both</u> doctor and parent permission for taking medication in school. Without <u>both</u> signed permission statements, the nurse CANNOT give the medication <u>even if you send it to school</u>.*

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 _____