

**Sussex Wantage Regional School District
Pre-School Parent Medical Questioner**

Child's First Name: _____ Last Name _____

Date of Birth: _____ Date of last physical: _____

Parent Name: _____

Phone number: _____

Medical History:

Reactions to Immunizations (type)? _____

Allergies (food, medication, other) _____

Drug sensitivities (type) _____

Congenital Defects (type) _____

ADD/ADHD (type) _____

Use inhaler or nebulizer? _____

Seizure/convulsive disorder (type) _____

Diabetes? _____

Heart Disease: _____

Frequent ear infections? _____

Frequent Strep infections _____

Fractures (year and location) _____

Current Medications: _____

Any other medical conditions: _____

Parent Signature: _____ Date: _____