EAST WINDSOR REGIONAL SCHOOL DISTRICT

DIVISION OF SCHOOL HEALTH SERVICES

Hightstown, New Jersey

HEALTH HISTORY

Student's Name: _____ Birth date: _____ Gender: _____

Address: _____ Home phone: (_____) _____

Physician's Name: _____ Phone: (_____) _____

List other children in your family. Please give birth date.

Name/birth date	Name/birth date
1. _____	3. _____
2. _____	4. _____

Dear Parent/Guardian:

We would like for your child to gain the most from his/her school experience. To accomplish this it is necessary to have a current health history, please answer the following questions:

Allergies Yes ____ No ____ Type _____		Gastrointestinal	Yes ____ No ____
Reaction _____ treatment/medication _____		Headaches	Yes ____ No ____
Asthma Yes ____ No ____		Heart Disease/Murmur	Yes ____ No ____
Chicken Pox Yes ____ No ____ Date _____		Kidney/Bladder condition	Yes ____ No ____
Concussion/head injury Yes ____ No ____		Muscle or Bone disorder	Yes ____ No ____
Diabetes Yes ____ No ____		Nutritional/Eating problems	Yes ____ No ____
Ear problems Yes ____ No ____ Specify _____		Speech problems	Yes ____ No ____
Eye problems Yes ____ No ____		Was your child premature?	Yes ____ No ____
Does he/she wear contact lenses ? Yes ____ No ____		How many weeks? _____	Birth Weight: _____
Does he/she wear glasses? Yes ____ No ____			
Epilepsy/seizures Yes ____ No ____ Medication _____			

Does your child take any medications on a regular basis now or previously? Yes ____ No ____

If yes please explain: _____

Has your child ever been hospitalized? Yes ____ No ____ If yes, please explain: _____

Are there any problems in the home which might affect your child's learning? Yes ____ No ____

Please specify: _____

Is there anything more about your child's health that you think is important for us to know? Yes ____ No ____

Please explain: _____

In case of illness or injury, and you cannot be reached, do we have your permission to take your child to the hospital?

Yes ____ No ____ Hospital of choice: _____

I/we give permission for the nurse to share this information with the principal, guidance counselors and teachers on a "need to know" basis. Please be assured that any information of a confidential nature will be treated with respect.

Parent/Guardian's Signature: _____ Date: _____