

Rochelle Park School District

Midland School #1

300 Rochelle Avenue
Rochelle Park, NJ 07662
Phone: 201-843-3120
Fax: 201-843-7293
Web: www.rp.bergen.org

STUDENT HEALTH HISTORY ENTRANCE FORM

Child's Name _____ Sex M F Birth Date _____

1. Is your child currently under the care of a medical doctor or specialist? Yes No If yes, for what reason? _____
2. Has your child ever been hospitalized for illness or surgery? Yes No If yes, for what reason and when? _____
3. Does your child take any medication on a daily basis? Yes No If yes, what medication and for what reason? _____
4. Does your child have any condition which would restrict participation in physical education classes and/or other strenuous activities? Yes No If yes, please explain. _____
5. Has your child ever experienced a head injury (minor or a concussion) from a fall or accident? Yes No If yes, please explain. _____
6. Does your child have now, or has he/she ever had behavioral or emotional issues? Yes No If yes, please explain. _____

7. 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

PLEASE SEE OTHER SIDE

If yes to any of the above, please explain _____

8. Birth History:

Birth Weight _____ Full Term _____ Premature _____

Were there any problems during pregnancy or birth? Yes No

If yes, please explain. _____

9. Please notify the School Nurse of any medical problems, serious illness or communicable diseases. In addition, if your child has a physical done or receives any immunizations, please provide a copy for the health office. That way his/her health record can be kept up to date. 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 with your child.

10. 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 _____

Please provide any other additional information below:

