

**Bedminster Township School
Health History**

Child's Full Name:

(Last) (First) (Middle) (Nickname)

(Date of Birth) (Country of Birth) Grade_____

Please complete the following health history. **Give dates**, if possible.
Has your child ever had the following? **If yes, please explain:**

1. Accident(s) _____
2. Allergic Reactions (Include bee stings, food or medications, etc.)
Yes_____ No_____ **If yes, explain** _____

Has your child ever needed medication or medical attention in the past for a reaction to a bee sting or food allergy? Yes_____ No_____ **If yes, please provide details:** _____

3. Asthma Attack: Yes_____ No_____ Other Respiratory Infections: Yes_____ No_____ **Explain** _____
4. Bone or Joint Disease or Injury: Yes_____ No_____ **If yes, explain** _____

5. Communicable Diseases (Specify): _____
6. Convulsion or Seizures: Yes_____ No_____ **If yes, explain** _____

7. Diabetes: _____
8. Dental Problems: Yes_____ No_____ Explain_____
9. Ear Infections: Yes _____ No _____ Ear Tubes: Yes _____ No _____ Date _____

Does your child have a hearing problem? Yes _____ No _____
Does your child wear a hearing aide? Yes _____ No _____
Does your child have a speech/language problem? Yes _____ No _____

10. Frequent throat infections: Yes _____ No _____
11. Frequent headaches: Yes _____ No _____
12. Kidney or Urinary Tract Problems: Yes_____ No _____ **Explain if yes** _____
13. Heart Problems/Murmurs/Rheumatic Fever: Yes _____ No _____ **Explain** _____
14. Does your child have any vision problems: Yes _____ No _____
15. Does your child wear glasses? Yes_____ (when) _____ No_____

16. Does your child have any neuromuscular problems or limitations? Yes _____ No _____

Explain if yes _____

17. Does your child have any developmental delays or been diagnosed with any syndromes?

Yes _____ No _____ **Explain if yes** _____

18. Has your child ever been hospitalized? Yes _____ No _____ **If yes, state when and reason:** _____

19. What medicine, if any, does your child take? _____

20. Does your child have any present physical limitations that may require program modifications or restrictions? _____

21. Please add any other problems or comments you would like to bring to the attention of the school nurse: _____

Note: No Medication can be given at school without a completed medication administration form signed by the parent and the prescribing physician. All medication must be in the original container with the pharmacy label intact. Medications should be hand delivered to the school nurse by the parent or guardian. Please see the school nurse or the school website for medication administration forms.

Parent's Signature _____ Date _____

Mother's Full Name _____ Employer _____

Home Address _____ Work Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Father's Full Name _____ Employer _____

Home Address _____ Work Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Home Situation:

_____ Parents reside together

_____ Single parent home

_____ Parents separated

_____ Father remarried

_____ Parents divorced

_____ Mother remarried

_____ Guardian cares for child

_____ Other _____

If parents are divorced or separated, who has legal (official) custody? _____

**Legal custody papers should be supplied to the Main Office and stored in child's Permanent Record Folder.

Child's Name: _____

Name and age of sibling(s): _____

Last school attended _____ address: _____

Describe child's last school experience:

Was child absent frequently? If so, explain _____

Personality and Emotional Development

Please check all that apply to your child:

_____ Happy _____ Moody _____ Withdrawn

_____ Sad _____ Easily upset _____ Overactive

_____ Friendly _____ Quiet

Problems when separated from family? Yes _____ No _____ Explain: _____

Loss of family member? Yes _____ No _____ Explain: _____

Social Interactions

(Please check where appropriate)

Peers

Adults

_____ Good _____ Good

_____ Fair _____ Fair

_____ Poor _____ Poor

Traumatic events? If so, please explain: Yes _____ No _____ explain: _____

Please list any concerns, questions or problems that the school personnel should know about

Please sign below if you would like **this page** shared with your child's teacher (if needed).

Parent's Signature _____