River Edge Elementary Schools

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"Building Bright Futures Together"

Dr. Tova Ben-Dov
Superintendent of Schools

Joseph Bellino
Interim Business Administrator/Board Secretary

Health History Form

Demographics

Child's Name: _____Gender: M☐ F ☐

Phone #: _____ Place of Birth: _____ Birth Date: _____

Primary Language: _____ Secondary Language: _____

Address: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Relationship to Child: _____ Relationship to Child: _____

Siblings: Name: _____ Age: _____ Grade: _____
Name: _____ Age: _____ Grade: _____
Name: _____ Age: _____ Grade: _____

Child's Physician Name: _____ Phone #: _____
Hospital Preference: _____
Dentist's Name:_____ Phone #: _____

Developmental History

Did you notice any delay or abnormal behavior in your child's early growth years? Yes☐ No☐

_____
_____

Medical History of Child

Any history of head injuries, head trauma, or any diseases of the Brain? Yes ☐ No ☐
If yes, explain:

_____
Any Hospitalizations for an Operation, Accident, or Medical Illness? Yes☐ No☐
If yes, explain:_____
Allergies:

Food: _____
Type of Reaction: _____ Last Occurrence: _____

Medication: _____
Type of Reaction: _____

Health History Form (Page 2)

Pollen/Seasonal Allergies? Yes ☐ No☐ Type of reaction: _____

Bee Sting Allergy? Yes ☐ No ☐ Reaction: _____

Allergy to Animals? Yes☐ No ☐ Reaction: _____

Other Allergies? _____

History of Illnesses: Check all that apply:
ASTHMA ☐ BRONCHITIS ☐ CANCER ☐ EAR INFECTION EAR TUBES ☐
DIABETES ☐ ECZEMA☐ SKIN DISORDERS ☐ SEIZURES/CONVULSIONS☐ HEARTDISEASE ☐

OTHERS: _____

Is your child on any medications? Yes ☐ No ☐

Medication: _____ Reason: _____
Medication: _____ Reason: _____

Does your child wear glasses or contact lens? Yes ☐ No ☐

Any problems with:

SPEECH ☐ VISION ☐ HEARING ☐ PHYSICAL LIMITATIONS ☐

Explain: _____

ADDITIONAL COMMENTS OR CONCERNS ABOUT YOUR CHILD:
_____

Signature/Release of Information:

As parent/Guardian of _____, I hereby authorize the release of pertinent medical information about my child to those professional staff involved in his/her care or instruction. This consent is valid in the River Edge Public School District and may be revoked by myself at anytime in writing.

_____ _____ _____
SIGNATURE PRINT NAME DATE