

River Edge Elementary Schools

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"Building Bright Futures Together"

Dr. Tova Ben-Dov
Superintendent of Schools

Louise Napolitano
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