SADDLE BROOK PUBLIC SCHOOLS
MEDICAL HISTORY

TO BE COMPLETED BY PARENT/GUARDIAN:

Child's Name____Age______Grade______

Family Physician____Phone________________

Has your child had the following?

	YES	NO	YEAR		YES	NO	YEAR
Chicken Pox	___	__	____	Diabetes	___	__	_____
Scarlet Fever	___	__	____	Convulsions	___	__	_____
Strep Throat	___	__	____	Asthma	___	__	_____
Rheumatic Fever	___	__	____	Hepatitis	___	__	_____
Mononucleosis	___	__	____	Heart murmur	___	__	_____
Ear infection	___	__	____	Other_____________________________			

Any allergies? If so, what kind?____

Any emotional problems/counseling? If so, what kind?____

Any nutritional/eating problems? If so, what kind?____

Any history of a speech problem? If so, what?____

Dental problem?____Receiving treatment?_________

Hearing problem?____Receiving treatment?_________

Vision problem?____Receiving treatment?_________

Has your child had any?

	YEAR	EXPLAIN
Hospitalizations	_____	____
Operations	_____	____
Severe illness	_____	____
Severe injuries (fractures,sprains,etc.)	_____	____

Was birth and delivery normal? Yes_____ No_____ Birth weight __________________________
Caesarian_____ Instrument_____ Breech_____

Is your child presently under a doctor's care? If so, for what? ______________________________________
____

Does your child take any medications on a regular basis? If so, what kind?___________________________
____

Any other information that would assist us to help your child in school? ____________________________
____

I do/do not (circle one) authorize the school nurse to release information to pertinent school personnel on health concerns/medical needs that might affect my child's safety or performance in the school environment.

Signature of Parent/Guardian____Date_______________