Reset Form

NEWARK CITY SCHOOLS

Health Information Sheet

Parent Completes

Child's Full Name _____
Last First Middle

Gender Male _____ Female _____ Birthdate _____

Pregnancy/Birth History

Premature	☐ Yes	☐ No
Over Term	☐ Yes	☐ No
Rh Factor	☐ Yes	☐ No
Toxemia	☐ Yes	☐ No
Anoxic at birth (low oxygen)	☐ Yes	☐ No
Normal pregnancy & delivery	☐ Yes	☐ No

Other Health History

Has your child ever had or has now		**If *yes, please give details below*.**
Speech problem	☐ Yes	☐ No _____
Vision problem	☐ Yes	☐ No _____
Wears glasses	☐ Yes	☐ No _____
Hearing problem	☐ Yes	☐ No _____
Frequent ear infections	☐ Yes	☐ No _____
Ear Tubes	☐ Yes	☐ No _____
Asthma	☐ Yes	☐ No _____
Excessive worry or anxiety	☐ Yes	☐ No _____
Depression	☐ Yes	☐ No _____
Behavior problems	☐ Yes	☐ No _____
Chicken Pox	☐ Yes	☐ No _____
Heart condition	☐ Yes	☐ No _____
Seizures	☐ Yes	☐ No _____
Diabetes	☐ Yes	☐ No _____

Does your child have any other health problem? _____ If yes, please describe _____

_____

Is your child currently taking any medications? _____ If yes, please complete:

Medication _____ Times taken _____

Medication _____ Times taken _____

Medication _____ Times taken _____

Medication _____ Times taken _____

Date of last physical examination _____ Name of Doctor _____

(Over)

Has your child ever been in the hospital (except at birth)? ☐ Yes ☐ No

If yes, please give year and reason for hospitalization. _____

_____

_____

Has your child ever had any operations? _____ If yes, please give year and operation performed _____

Has your child ever had any serious injuries? _____ If yes, please give year and injury sustained. _____

Is your child allergic to any *foods?* _____ If yes, please list _____

_____

Is your child allergic to any *medications*? _____ If yes, please list _____

_____

Does your child have any *other* allergies? _____ If yes, please list _____

_____

Is your child toilet trained? _____ If yes, at what age? _____

Please add anything else that you would like the school to be aware of concerning the health needs of your child._____

_____

_____

_____

Parent Signature _____ Date _____