

THE JERSEY CITY PUBLIC SCHOOLS
346 CLAREMONT AVENUE
JERSEY CITY, NJ 07305
PH (201) 915-6222
FAX (201) 332-7494

SCHOOL: _____

PRINCIPAL: _____

HEALTH HISTORY

Birth History: Full Term _____ Premature _____ Birth Weight _____

Delivery Normal _____ Caesarean Section _____

Place of Birth: _____

Complications:

Has child had or has any of the following? Please indicate age of child when condition occurred:

Chicken Pox _____

Ear Infection _____

Vision Problems _____

Measles _____

Diabetes _____

Hearing Problems _____

Scarlet Fever _____

Anemia _____

Speech Problems _____

Convulsions _____

Heart Problems _____

Difficulty Learning _____

Allergies _____

Asthma _____

Surgery _____

Tuberculosis _____

Lead Poisoning _____

Concussion _____

Broken Bones _____

Rheumatic Fever _____

Other _____

Other _____

Has child been hospitalized overnight since birth? Yes _____ No _____

If yes, please answer the following in the comment section:

When? Where? How long? Why?

Comments:

Will this child be able to participate in the following classes?

Physical Education: Yes _____ No _____ Why? _____

Does child currently take medication? Yes _____ No _____ Name of medication _____

Will this child be taking medication during school hours? Yes _____ No _____

Pediatrician, Family Doctor or Clinic:

Name _____ Address _____ Phone # _____

Date: _____ Gender: _____ School: _____ Grade _____

Name: _____ DOB: _____

Address: _____ Apt# _____ Phone: _____

Mother's Name: _____ Phone# _____

Father's Name: _____ Phone# _____

Guardian's Name: _____ Phone# _____

Name of Relative attending this school:

Name	Relationship	Grade	Room
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to call if Parent/Guardian cannot be reached:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

We are concerned about the welfare of your child. It is recommended that with the Parent's/Guardian's permission, significant health information be shared with those involved in teaching your child.

_____ I do not want this information shared.

_____ I give permission for the school nurse to share this information with those involved in teaching my child.

Parent/Guardian Signature _____ Date _____