River Vale Public Schools

Part VI: Health History

Child's

Last Name | First Name | Middle Name

Yes / No — Is your child currently under the care of a medical doctor? If yes, for what reason?

Yes / No — Is your child currently under the care of an orthodontist? If yes, for what reason?

Yes / No — Does your child take any medication on a daily basis? If so, what and for what reason?

Yes / No — Does your child have any condition which prevent participation in physical education classes? If yes, please explain.

Does your child have or ever had:

Allergies	Yes		No	Mononucleosis	Yes		No
Asthma	Yes		No	Muscular problems	Yes		No
Bronchitis	Yes		No	Nosebleeds	Yes		No
Chicken pox	Yes		No	Orthopedic problems	Yes		No
Congenital defects	Yes		No	Pneumonia	Yes		No
Contact lenses	Yes		No	Rheumatic Fever	Yes		No
Diabetes	Yes		No	Seizures	Yes		No
Eye glasses	Yes		No	Serious injury	Yes		No
Headaches	Yes		No	Serious illness	Yes		No
Hearing aid	Yes		No	Sore throats	Yes		No
Hearing problems	Yes		No	Tendency to bleed	Yes		No
Heart condition	Yes		No	Tuberculosis	Yes		No
Hepatitis	Yes		No	Vision problems	Yes		No

If yes to any of the above, please explain.

Please notify School Nurse of any medical problems, serious illness, communicable disease, or if your child receives any immunizations. Also, please note that New Jersey law requires <u>both</u> doctor and parent permission for taking medication in school. Without <u>both</u> signed permission statements, the nurse CANNOT give the medication <u>even if you send it to school</u>.

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government.

Signature of Parent / Guardian completing this registration form

Date