

WARREN TOWNSHIP SCHOOLS

Personal Kindergarten Health History To Be Completed By Parents CONFIDENTIAL

Name of Student _____

Date of Birth: _____ Birth Weight: ____lbs. ____ozs.

Walked alone when _____ months old. Said a few words when _____ months old.

Illness of mother during pregnancy	Yes	No
Complications during delivery	Yes	No

Family Health History

Relation	Year of Birth	Health
Father		
Mother		
Brothers		
Sisters		

Has any immediate family member had...

	Yes	No	Relation
Diabetes			
Heart Disease			
Sudden Death			

The following information is important background health and developmental information on your child. Please answer each question Yes or No and, when applicable, with dates. Please add whatever information you think may assist school personnel, including the School Nurse, in caring for your child during school hours.

Has child ...

Date

Has child ...	Yes	No	Date
Had Rheumatic Fever?			
A Tendency to Bleed Easily			
Asthma or Reactive Airway Disease?			
Had Pneumonia or Bronchitis?			
Had frequent Sore Throats?			
Had frequent Ear Infections?			
Had a dental checkup in the past year? Any Cavities?			
Experienced loss of consciousness after an injury?			
Experienced a fracture or dislocation? Location?			
Trouble with Vision? Glasses?			

TURN OVER: COMPLETE OTHER SIDE

Revised: 10/04

Medication taken on a daily basis? Name and Reason:	Yes	No	
Had Eczema or Hives?	Yes	No	
Allergies including Bee Stings & Food Allergies? Please list: Medication:	Yes	No	
Experienced Chest Pain or Palpitations?	Yes	No	
A history of fainting with exercise?	Yes	No	
A loss or serious impaired function of a paired organ (eye, ear, testicle, kidney)?	Yes	No	
Had Convulsions or Other Seizures?	Yes	No	
Had any Severe Injury?	Yes	No	
Had Any Operations: (Please Name & Explain)?	Yes	No	
Had Unusual Nervousness, Nail Biting, or Thumb Sucking?	Yes	No	
Had Nightmares or Trouble Sleeping?	Yes	No	
Had Breath Holding or Temper Tantrums?	Yes	No	
Had Difficulty with Toilet Training or Bed Wetting?	Yes	No	
Had Trouble with Speech?	Yes	No	

Physical Examinations MUST be submitted for all Students New to the District. The physical must be completed within 365 days of school entry into the district and submitted **PRIOR TO OR ON ENTRY THE FIRST DAY OF SCHOOL.** **The Physical MUST be documented on the Warren Township District Form.** The form may be downloaded at www.warrentboe.org

For all new Kindergarten Students entering AFTER the beginning of the School Year: The Physical Exam must be completed within 10 months prior to entry, or within 60 days following entry.

The Physical Exam MUST be completed by a New Jersey licensed MD or Nurse Practitioner.

Immunization records should be up to date and complete with month, day and year. Immunization Records **MUST** be submitted **PRIOR TO OR ON ENTRY THE FIRST DAY OF SCHOOL** and **REQUIRE** a physician signature.

**FAXED FORMS ARE NOT ACCEPTABLE: ORIGINAL SIGNATURES
REQUIRED**

TURN OVER: COMPLETE OTHER SIDE

Revised: 10/04