

**Delaware Township School**  
**PO Box 1000 - Sergeantsville, NJ 08557**  
**Phone (609) 397-3179**

**Health History**  
**(To Be Completed by Parent/Guardian)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Allergies**

Food: \_\_\_\_\_ EpiPen needed: \_\_\_\_\_

Drug: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Insect/bee bites: \_\_\_\_\_

**Any daily medications** \_\_\_\_\_

**Any problems during pregnancy/labor & delivery/early years:** \_\_\_\_\_

**List any surgeries/hospitalizations/injuries, reasons and dates:** \_\_\_\_\_

**Check all that apply and explain Yes answers:**

\_\_\_\_ Yes \_\_\_\_ No Asthma \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Breathing issues \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Bleeding disorders \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Bowel issues \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Congenital/birth defects \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Diabetes \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Ear infections (3 or more) \_\_\_\_\_

Continued on back

Yes  No **Frequent nosebleeds** \_\_\_\_\_  
 Yes  No **Frequent sore throats** \_\_\_\_\_  
 Yes  No **Hearing issues** \_\_\_\_\_  
 Yes  No **Heart disease/conditions** \_\_\_\_\_  
 Yes  No **Muscular/Neurological/Orthopedic conditions** \_\_\_\_\_  
 Yes  No **Seizures/epilepsy** \_\_\_\_\_  
 Yes  No **Skin conditions** \_\_\_\_\_  
 Yes  No **Speech issues** \_\_\_\_\_  
 Yes  No **Kidney or urinary conditions** \_\_\_\_\_  
 Yes  No **Vision issues** \_\_\_\_\_ **Glasses/Contacts** \_\_\_\_\_  
 Yes  No **History of Chicken Pox, Tuberculosis, Mono, or any other communicable disease** \_\_\_\_\_

**Any other diseases or conditions being treated by a Healthcare Provider:**

\_\_\_\_\_

**Any additional health information that might be helpful to the school:**

\_\_\_\_\_

**Pediatrician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Any additional Healthcare Providers:** \_\_\_\_\_

**I give permission for the confidential and discrete use of this information to meet my child's health and educational needs. Parents/Guardians are responsible for informing the School Nurse of any changes in their child's health or in any of the above information.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**