

Califon Public School

Health History Form Grades Preschool-8

(To be completed by Parent/Guardian)

Today's Date: _____

Name:	Date of Birth:	Sex:
Street Address:	Home Telephone #:	
Mother's Name:	Father's Name:	
Mother's Work Telephone #:	Father's Work Telephone #:	
Mother's Cell Phone #	Father's Cell Phone #	
Physician to be called in an emergency: Name: Tel.#	Neighbor/Friend to be called in an emergency: Name: Tel.#	

Personal Health History		
Child's Birth Weight:	lbs.	oz.
Any complications during pregnancy? (If yes, explain)		
Any complications during labor/delivery? (If yes, explain)		
Any problems during infancy? (If yes explain)		

Has your child ever had any of the following? If so, please indicate and date.

	Yes	No		Yes	No
Chicken Pox			High Fevers		
Frequent Ear Infection			Frequent Headaches		
Frequent Sore Throat			Allergies		
Asthma or Wheezing			Headaches		
Speech Defect			Sleeping problems		
Eating Problems			Serious Injury (Explain on back)		
Surgery (Explain)					

(over)

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Health History Form**

Is there anything concerning vision, hearing or general health of your child which the school should be aware of in order to provide optimum care?

Developmental History:

At about which age did your child achieve the following milestones:

Milestone	Date Achieved	Milestone	Date Achieved
Stand Alone		Speak First Words	
Crawl		Speak in Sentences	
Walk Alone		Toilet Trained	

Educational History:

Did your child attend preschool? _____ If yes, how many years? _____

If yes, name of school _____

Were there any problems reported in pre-school? If yes, please explain:

Family Illnesses:
Past Medical History: (Surgery, illnesses)
Problems:
Medications:
Allergies (Food, pollens, insects, medications, etc.) Allergic reaction and most recent reaction date:

*Please attach a copy of your child's immunizations from your physician's office.

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