

SCHOENLY SCHOOL PRESCHOOL/KINDERGARTEN

HEALTH HISTORY INFORMATION (To Be Completed By Parent/Guardian)

Child's Name _____ (Nickname) _____ Date of Birth _____

Name & Age of Siblings _____

Does your child have any health problems? (Check where appropriate) ASTHMA _____ ECZEMA _____

SEASONAL ALLERGIES _____ DIABETES _____ SEIZURES/CONVULSIONS _____

OTHER _____

Does your child see a doctor, dentist, psychologist, physical or speech therapist regularly? Yes _____ No _____

If so, how often _____ and for what conditions? _____

Does your child take medication regularly? No _____ Yes _____

Medication & Reason Given _____

Please list any food allergies _____ Other allergies _____

Is EPIPEN prescribed for above allergy? _____

Has your child had any serious illness, accidents, operations, sutures, or fractures? Please describe and give dates:

Problem: _____ Date: _____ Description: _____

Problem: _____ Date: _____ Description: _____

Have you had any concerns about your child's growth and development? Yes _____ No _____

If so what concerns? _____

Does your child have any problem with Hearing _____ Vision _____ Speech _____

Does he or she wear glasses? _____ Hearing aid? _____

How would you rate your child's appetite? Good _____ Fair _____ Poor _____

Does your child sleep well at night? _____ # of hours sleep/night _____

Does your child suck his/her thumb? _____ Bite his/her nails _____ Wet the bed _____

Is your child able to dress him or herself? _____

Is he or she able to take care of her bathroom needs? _____

Does your child have any difficulty with Concentration _____ Separation Anxiety _____

Attention Span _____ Difficulty completing tasks _____ Difficulty with other children _____

Did your child attend preschool? _____ # of years _____ Name of school _____

Is there any other information that you wish to share with us? _____

*if any information should change, please inform your child's school nurse

Date _____ Parent/Guardian Signature _____

G. Austin Schoenly School - Kindergarten Registration

Documents needed for the School Nurse at time of registration:

- **Physical Form:** This is a form for the doctor to complete. The physical exam date must be within a year of the child starting school. This means that for the **2017-2018** school year, the physical form will be valid if the date is between **September 1, 2016-September 1, 2017**. For those that have summer birthdays, please bring to registration the completed **Universal Child Health Record** form based on their last physical and also bring to registration your appointment date for the next physical. **Universal Child Health Record** forms can be downloaded and printed from the Spotswood School District Website at: <http://www.spotswood.k12.nj.us/> . Left side of page - scroll down to *Community* - click on *Online Forms* - scroll to *Registration* and click on *Physical Examination Form* - Print and bring to Pediatrician to complete.
- **Immunization Record:** The immunization record will need to have the **doctor's office stamp and the practitioner's signature** on it. We realize that summer babies may not be fully complete with immunizations at registration. ***Please bring in what they have had to date.***
- **Health History Form:** This is a form for parent to complete. Please fill in completely and bring with you to registration. This form is also available to download and print using the same instructions as above for *Online Forms*.

Immunization requirements for children entering Kindergarten

- **DTP Vaccine:** 4 doses if the last dose was given on or after the 4th birthday; or any combination of 5 doses
- **IPV Vaccine:** 3 doses if the last dose was given on or after the 4th birthday; or any combination of 4 doses
- **MMR Vaccine:** First dose on or after the 1st birthday; second dose before start of kindergarten
- **Hepatitis B Vaccine:** series of 3 doses required
- **Varicella Vaccine:** one dose on or after the 1st birthday

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Schoenly School Nurse
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