

WINFIELD TOWNSHIP SCHOOL  
HEALTH OFFICE  
STUDENT HEALTH FORM

DATE: \_\_\_\_\_

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Teacher's Name

IN ORDER TO KEEP OUR HEALTH RECORDS UP TO DATE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Has your child had any serious accidents or injuries during the summer months?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has your child had any surgery, requiring hospitalization, during the summer months?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

3. Has your child had any serious illness during the last two months?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

4. Has your child had any inoculations recently? (Tetanus, booster, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please obtain signed verification from your physician and submit to School Nurse so that your child's health records can be kept up to date. \_\_\_\_\_

5. Does your child have any allergies or asthma?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain the symptoms upon exposure.  
\_\_\_\_\_

6. Does your child take medication? \_\_\_\_\_ Name of medication(s) \_\_\_\_\_  
Will you be sending medication to school? \_\_\_\_\_

Should you have any questions, please call the School Nurse at 908-486-7410.

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