

**OCEANPORT SCHOOL DISTRICT  
HEALTH HISTORY AND DEVELOPMENTAL DATA**

Student's Name: \_\_\_\_\_  
Last First DOB Gender

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Child was: \_\_\_ full term \_\_\_ premature \_\_\_ # of weeks early

2. Complications at birth: Yes No  
Breathing difficulty \_\_\_ \_\_\_  
Jaundice \_\_\_ \_\_\_  
Blue color \_\_\_ \_\_\_  
Other \_\_\_\_\_

3. Is there any family history of: (Please check)  
Allergies\_\_\_ Diabetes\_\_\_ Heart Disease\_\_\_  
Asthma\_\_\_ Epilepsy\_\_\_ Kidney Condition\_\_\_  
Cancer\_\_\_ Hearing Problem\_\_\_ Visual Problem\_\_\_

4. Student's Health History: (Please check if applicable and give dates)

Allergies\_\_\_  
Bee Sting Allergy\_\_\_ Food Allergy \_\_\_ Latex Allergy\_\_\_ Peanut Allergy\_\_\_  
Asthma\_\_\_ Emotional Problems\_\_\_ Strep Throat\_\_\_  
Bed Wetting\_\_\_ Frequent Headaches\_\_\_ Speech Problem\_\_\_  
Bronchitis\_\_\_ Epilepsy\_\_\_ Scarlet Fever\_\_\_  
Chronic Ear Infections\_\_\_ Hearing Problem\_\_\_ Tuberculosis\_\_\_  
Concussion\_\_\_ High Fevers\_\_\_ Visual Problem\_\_\_  
Convulsions\_\_\_ Mononucleosis\_\_\_ Weight problem\_\_\_  
Frequent Sore Throats\_\_\_ Tantrums\_\_\_ Pneumonia\_\_\_  
Hernia \_\_\_ Nightmares \_\_\_ Urinary Infec. \_\_\_  
Operations\_\_\_\_\_

5. Does the student take medication on a regular basis? Yes\_\_\_ No\_\_\_  
Please list medication and condition\_\_\_\_\_

6. Immunization Record: Yes\_\_\_ No\_\_\_

7. Is there anything else, which you feel would be helpful for school personnel to know about your child; e.g., physical limitations or medical problems? Are there any special circumstances, which might affect your child's school performance?  
\_\_\_\_\_  
\_\_\_\_\_

8. I give my permission for the school nurse to share information concerning my child's health to those faculty/staff members who may need to know. I recognize that sharing this information is important to my child's well being while attending school.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian