

Denville Township Schools  
Medical History

**To Be Completed by Parent / Legal Guardian: (PLEASE PRINT)**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

                    Last                    First                    Middle  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Indicate Date(s) of Any Illness or Child's Age(s) at Onset /Recurrence**

Allergies _____	Asthma _____	Otitis Media (ear infections) _____
Drug Sensitivities _____	Chicken Pox _____	Rheumatic Fever _____
Lyme disease _____	Convulsions _____	Strep Infections _____
Hepatitis _____	Diabetes _____	Mononucleosis _____
Pneumonia _____	Heart Disease _____	Other _____

**Describe Other Conditions:**

Frequent Colds or Sore Throats: \_\_\_\_\_

Frequent Ear Infections: \_\_\_\_\_ Tubes: \_\_\_\_\_

Operations: \_\_\_\_\_

Serious Injuries: \_\_\_\_\_

Orthopedic Problems: \_\_\_\_\_

Allergies to Bees or Other Insects: \_\_\_\_\_

List Any Other Allergies: \_\_\_\_\_

Describe allergic reaction: \_\_\_\_\_

List any Other Conditions or Information That You Would Like to Share With the School Nurse:

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Parent / Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*You MUST submit dates of required immunizations signed by your physician in order for your child to enter school.**