



# Nutley Public Schools

## Medical History (Parent/Guardian Form)

**Dear Parent or Guardian – Please complete the information below.**

Child's Name: \_\_\_\_\_  
Last First

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_

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

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

Physician Name: \_\_\_\_\_

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

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

### Indicate Date of any Illness:

_____ Allergies (see below)	_____ Asthma	_____ Otitis Media
_____ Drug Allergies (see below)	_____ Chicken Pox	_____ Rheumatic Fever
_____ Lyme Disease	_____ Seizures	_____ Strep Infections
_____ Hepatitis	_____ Diabetes	_____ Mononucleosis
_____ Pneumonia	_____ Heart Disease	_____ Other

### Describe other Conditions:

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

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

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

List All Allergies: \_\_\_\_\_

List any medications that your child takes: \_\_\_\_\_

### List any conditions or information that you would like to share with the school nurse:

As parent/guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimens) to be exchanged among appropriate professional staff involved in the care of the above named student. This consent is valid so long as my child is enrolled in the Nutley Public Schools System. If my child's medical history changes, I will notify my child's appropriate School Nurse.

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

\_\_\_\_\_  
Date