



The Wilson School PERMANENT HEALTH RECORD

(To be completed and signed by parent or guardian)

STUDENT'S NAME _____ DATE _____

HOME ADDRESS _____ HOME PHONE _____

STUDENT LIVES WITH _____

FATHER'S NAME _____ HOME PHONE _____

FATHER'S BUSINESS ADDRESS _____ WORK PHONE _____

MOTHER'S NAME _____ HOME PHONE _____

MOTHER'S BUSINESS ADDRESS _____ WORK PHONE _____

PHYSICIAN'S NAME _____ OFFICE PHONE _____

PERSON TO CALL IF PARENTS ARE UNAVAILABLE:

1. NAME _____ RELATIONSHIP _____ TELEPHONE NO. _____

2. NAME _____ RELATIONSHIP _____ TELEPHONE NO. _____

LOCATION OF TRANSFERRING SCHOOL (If in NJ, include county) _____

I. Family Health Information

Health of father _____ Health of mother _____

Give cause of any deaths in immediate family _____

Indicate specifically any serious illness in immediate family (tuberculosis, heart disease, kidney disease, diabetes, cancer, epilepsy, mental illness): _____

Other children in family	Ages	Health
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Personal Health History

Illness (check and indicate age at time of illness)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Enuresis	<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Sinus
<input type="checkbox"/> Asthma	<input type="checkbox"/> Foot Trouble	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Speech Difficulty
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Gastro-Intestinal	<input type="checkbox"/> Mumps	<input type="checkbox"/> Strep Infection
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> German Measles	<input type="checkbox"/> Nervous System	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Congenital Defects	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Infantile Paralysis	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Influenza	<input type="checkbox"/> Recurrent Skin Eruption	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Rheumatic Fever	
<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Rickets	

Operations: (indicate dates) _____

Injuries: (indicate dates) _____

Current Medical Problems: _____

Has this student ever been under the care of a psychiatrist, psychologist, or counselor? _____

Are there any personal or family concerns the school should be aware of? _____

Parental Permit

The law requires that parental permission be obtained for procedures on minors during emergency situations. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with emergency treatment or care of your child. However, no operation will be performed, except in an extreme emergency, without parents being contacted and fully informed.

"I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child."

Signature _____

Date _____