Windsor School
Health Information
2023-2024

Student's Name:_____ Date of Birth: _____

Gender: _____ Grade: _____ Health Care Provider: _____

Medical History (Please check all that apply):

- ☐ Anorexia / Bulimia
- ☐ Bleeding Disorder
- ☐ Dental Issues
- ☐ Diabetes
- ☐ Eczema
- ☐ Fainting Spells
- ☐ Menstrual Issues
- ☐ Heart Condition
- ☐ Muscle Disorder
- ☐ Neurological Disorder
- ☐ Orthopedic Conditions
- ☐ Scoliosis
- ☐ Seizures
- ☐ Speech Problems
- ☐ Toileting Issues
- ☐ Headaches
- ☐ Vision Problems
- ☐ Frequent Ear Infections
- ☐ Kidney / Bladder Problem
- ☐ Hearing Problem

If you have checked any of the boxes above or if your student has any other medical issues we should be made aware of, please explain on the lines below:

_____

_____

Does your student have Asthma? ☐ Yes ☐ No

If YES, does your student use an inhaler? ☐ Yes ☐ No

IMPORTANT IF YES: The State of New Jersey mandates an Asthma Action Plan must be completed and an inhaler kept at school.

Allergy Information (please check all that apply and explain on the lines provided):

- ☐ Bees
- ☐ Foods : _____
- ☐ Animals: _____
- ☐ Medication: _____
- ☐ Other: _____
- ☐ None

Does your student have any special DIETARY needs?: _____

Is medication needed for any condition **AT HOME**? ☐ Yes ☐ NO

Name of Medication: _____ Dosage: _____
Reason Needed: _____

Is medication needed for any condition **AT SCHOOL**? ☐ Yes ☐ NO

Name of Medication: _____ Dosage: _____
Reason Needed: _____

Please list any operations, injuries, hospitalizations, or prolonged illnesses along with dates:

_____

_____

Does your student wear glasses? ☐ Yes ☐ No
Does your student wear contact lenses? ☐ Yes ☐ No

Does your student have any health insurance including NJ Family Care/Medicaid Medicare, private, or other?

- ☐ YES, my student has health insurance
- ☐ No, my student does not have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Guardian Signature: _____ Date Signed: _____

Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R.99.30(b).
NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information, please visit www.njfamilycare.org to apply online or call 1-800-701-0710.