



TOMS RIVER REGIONAL SCHOOLS

1144 Hooper Avenue, Toms River, NJ 08753

732-505-5000

HEALTH OFFICE - NEW ENTRANCE QUESTIONNAIRE

This form must be completed by the Parent or Guardian

Last Name:	First Name:	Date of Birth:	Date:
Birthplace:	Gender:	Age:	Grade:

STUDENT HEALTH HISTORY

Please answer the following questions to the best of your knowledge. Explain all "Yes" responses in the Comment column and provide medical documentation for diagnoses. If your child requires medication at school; medical plans for asthma, seizures, diabetes or food allergies, the forms can be found by clicking the links.

Condition	Yes	No	Comment
Daily Medication - Please list in comments Permission to Medicate Form if needed at school			
Allergies: Life Threatening			
Food Allergy Anaphylaxis Care Plan			
Insect Bee sting/Insect Bite Form			
Medication allergy			
Seasonal			
Asthma or Breathing Problems: List frequency and known triggers Asthma Treatment Plan If meds needed at school			
Attention Deficit/Hyperactivity Disorder (ADD/ADHD) *Indicate Medication/dose			
Autism/ASD/Asperger			
Behavior or Emotional/Mood Disorders			
Birth Defects/Marks			
Blood Disorders: Anemia			
Sickle Cell			
Thalasemia			
Other: Specify			



TOMS RIVER REGIONAL SCHOOLS

1144 Hooper Avenue, Toms River, NJ 08753

732-505-5000

HEALTH OFFICE - NEW ENTRANCE QUESTIONNAIRE

This form must be completed by the Parent or Guardian

Condition	Yes	No	Comment
Bone Fractures			
Diabetes: Diabetic Health Care Plan			
Ears/Nose/Throat: Hearing Difficulty/Hearing Aides			
Frequent ear infections/Myringotomy tubes			
Nosebleeds			
Dental cavities			
Enlarged tonsils			
Eye or Vision problem or Glasses/Contacts			
Headaches/Migraines			
Head Injury/Concussions			
Heart Problems/Murmur *if answer yes to this question, a Cardiac Clearance will be required for your student to participate in physical activity			
Hospitalizations/Surgeries: Date and reason			
Learning Problems/Neurological/Disabilities			
Limits on Physical Activity			
Problems with Bladder/Kidneys			
Problems with Bowels/Constipation			
Seizures: Type/Medication/Date of last seizure Seizure Action Plan *required at school			
Speech Disorders			
Special Diets			

Please list any other disabilities, limitations or health concerns not already addressed: _____



TOMS RIVER REGIONAL SCHOOLS

1144 Hooper Avenue, Toms River, NJ 08753

732-505-5000

HEALTH OFFICE - NEW ENTRANCE QUESTIONNAIRE

This form must be completed by the Parent or Guardian

Previous School Attended: Name: _____ Date Last Attended: _____

Address: _____ Phone number: _____

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

NO YES Name of Insurance Company: _____

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents.

For more information, call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

Parent Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____