



THE BRIDGE ACADEMY

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www.banj.org

HEALTH HISTORY

17-18 School Year

Dear Parent/Guardian:

We would like your child to gain the most from his or her school experience. In order to assist us, it is necessary for you to complete & return a current health history for this current school year.

Student's Name _____ **Age** _____ **Date of Birth** _____

1. Does your child have any allergies? Please include medication, bee stings, insect bites, food & environmental or seasonal allergies. Yes _____ No _____ If yes, list the allergy, type of reaction, & treatment.

2. Does your child have any medical concerns such as asthma, diabetes, heart disease, seizure disorder, neurological disease, migraines, hearing loss, other? Yes _____ No _____ If yes, please explain.

3. Does your child wear glasses? Yes _____ No _____ Contact Lenses? Yes _____ No _____ If yes, list whether they are for reading, board work, or both.

4. Does your child wear a hearing aid? Yes _____ No _____ If yes, Right Ear _____ Left Ear _____ Both _____

5. Has your child had any recent injuries or surgeries? Yes _____ No _____ If yes, please explain.

6. Does your child have any restrictions? Yes _____ No _____ If yes, please explain.

7. Please list **ALL MEDICATIONS** that your child is taking. Include med name, dose, & time of administration.

Please list anything that would be helpful in meeting the health & educational needs of your child.

I give my permission for my child to have cough drops, as needed, while at school. **Please Initial** _____

I give my permission for the release of information on this form for confidential use in meeting my child's health & educational needs while attending The Bridge Academy.

Parent/Guardian Signature

Date