

WEST MILFORD PUBLIC SCHOOLS

46 Highlander Drive, West Milford, New Jersey 07480
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Brian Kitchin, Ed.D.
Superintendent

William Scholts
Administrator/Board Secretary

Daniel Novak
Director of Education

Derek Ressa, Ed.D.
Interim Director of Special Services

“Success Starts Here”

School _____ Grade _____

Student's Name _____ Gender _____ Date of Birth _____

Address _____ Telephone Number _____

Mother's Name _____ Fathers Name _____

of Brothers _____ # of Sisters _____ Birth Order of Student _____

With whom does your child live with _____

Pediatrician _____ Date of Last Exam _____

Has your child had any of the following:

Disease	Date	Disease	Date
Lymes Disease		Heart Condition	
Diabetes		Ear tubes/tonsillectomy	
Seizures		Tourette's Syndrome	
Asthma		ADHD	
COVID-19		Developmental Delays	
Autism		Orthopedic/Mobility Issue	
Vision Issues		Hearing Issues	
Other:			

Does your child take any medications? Please list _____

Does your child have any allergies? If so please list allergen and type of reaction _____

Does your child have any dietary restrictions? _____

Has your child ever had surgery? Explain: _____

Has your child ever been hospitalized? Please explain _____

Has your child ever had a formal eye exam? _____ If yes explain _____

Does your child wear corrective lenses? Yes ___ No ___

Last dental exam _____

Do you have any medical concerns about your child that you would like the school nurse to be aware of?

Parent signature _____

Date _____

School nurse signature _____

Date _____