



# Waldwick Seventh-day Adventist School

70 Wyckoff Avenue - Waldwick, New Jersey 07463

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Ruth J. Nino, Principal

## Student Health History

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents  Guardian Name: \_\_\_\_\_

Student lives with:  Both parents  Mother  Father  Other \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

**Medication(s):** Please list all medications, both prescription and non-prescription (Including herbs, vitamins) taken on a regular basis.

MEDICATION	DOSAGE	HOW OFTEN	WHY TAKING

Please list any past illnesses: \_\_\_\_\_

\_\_\_\_\_

Please list any past surgeries: \_\_\_\_\_

\_\_\_\_\_

Please list any current health or wellness concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date