Kathleen Maloney
Principal
Telephone (508) 384-5430
Fax (508) 384-9632

maloneyk@wrenthamschools.org

Wrentham Public Schools

120 Taunton Street
Wrentham, MA 02093

Kevin Martes
Principal
Telephone (508) 384-5435
Fax (508) 384-5446

martesk@wrenthamschools.org

Health History

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Family Doctor: _____ Family Dentist: _____

If your child has or has ever had, the following, please check the appropriate box.
If the answer is "Yes" please give details: i.e., doctor, date, etc.

1. A Heart Condition	☐ No	☐ Yes	
2. Rheumatic Fever	☐ No	☐ Yes	
3. Kidney Problems	☐ No	☐ Yes	
4. Convulsions	☐ No	☐ Yes	
5. Frequent Ear Infections	☐ No	☐ Yes	
6. Hearing Difficulties	☐ No	☐ Yes	
7. Visual Problems	☐ No	☐ Yes	
8. Glasses	☐ No	☐ Yes	
9. Epilepsy	☐ No	☐ Yes	
10. Allergies	☐ No	☐ Yes	
11. Asthma	☐ No	☐ Yes	
12. Bone Conditions	☐ No	☐ Yes	
13. Diabetes or Thyroid	☐ No	☐ Yes	
14. Operations	☐ No	☐ Yes	
15. Extended Hospitilizations	☐ No	☐ Yes	
16. Serious Accident	☐ No	☐ Yes	
17. Serious Illness	☐ No	☐ Yes	
18. Fainting	☐ No	☐ Yes	
19. Severe Nose Bleeds	☐ No	☐ Yes	
20. Premature Birth	☐ No	☐ Yes	
21. Frequent Throat Infections	☐ No	☐ Yes	
22. Treatment or observation for any condition?	☐ No	☐ Yes	
23. Taking any medication?	☐ No	☐ Yes	

Print Form

Parent or Guardian Signature: _____ **Date:** _____

Wrentham Public Schools does not discriminate on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or homelessness.