

**DEMAREST MIDDLE SCHOOL  
DEMAREST, NEW JERSEY**

**FORM #2**

**CHILD'S NAME** \_\_\_\_\_ **TEACHER** \_\_\_\_\_

1. Does your child suffer from motion sickness? \_\_\_\_\_  
**If YES, what does your child do to treat it?** \_\_\_\_\_
  
2. Is your child under medical care at present? \_\_\_\_\_  
Reason \_\_\_\_\_
  
3. Are there any physical activities in which your child should not participate?  
\_\_\_\_\_
  
4. Does your child have any special condition requiring care in regard to the following: Please answer each condition by writing **yes or no** on the line provided.  
Heart \_\_\_\_\_ Diabetes \_\_\_\_\_  
Asthma \_\_\_\_\_ Allergy \_\_\_\_\_  
Rheumatic Fever \_\_\_\_\_ Epilepsy \_\_\_\_\_  
Feet \_\_\_\_\_ Operations \_\_\_\_\_
  
5. Are there any requirements which your child must observe? \_\_\_\_\_  
Requirements: \_\_\_\_\_
  
6. Please indicate your child's eating habits:  
Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_
  
7. Does your child have any of the following sleeping habits?  
Nightmares \_\_\_\_\_ Sleepwalking \_\_\_\_\_  
Enuresis (bed wetting) \_\_\_\_\_ Disturbed sleep \_\_\_\_\_
  
8. Does your child have a drug allergy? \_\_\_\_\_ Serum sensitivity? \_\_\_\_\_
  
9. Does your child have school insurance? YES \_\_\_\_\_ No \_\_\_\_\_
  
10. Is there anything special that you want to call to the school's attention?  
\_\_\_\_\_
  
11. Are there any problems or other matters which you would like to discuss with the school staff? (principal, teacher, nurse) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian's Signature