

**DEMAREST MIDDLE SCHOOL
DEMAREST, NEW JERSEY
FORM #5**

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