

Medical and Personal Information Release

“I Understand that relevant information regarding my child’s health, medications, or special needs may be shared with appropriate school personnel and other healthcare providers as necessary.” In the event of serious illness or injury, the school will make every effort to contact the parent or other individual listed on the form. Should these persons be unavailable; the school principal is authorized to have my child transported to a medical facility for treatment.

Signature of Parent/Guardian: _____ Date: _____

Permission for Health Screenings

Please check one – YES to indicate you give permission for health screenings to be done by the school nurse or NO indicates that you will have your child screened at your primary doctor.

Yes, I give permission for my son/daughter to participate in all of the following health screenings, as required by New Jersey Law.

Vision Screening (for Kindergarten and Grades 2, 4, 6, 8)

Hearing Screening (For Kindergarten and Grades 1, 2, 3, and 7)

Height, Weight and Blood Pressure Screening (for Kindergarten and All grades)

Scoliosis Screening (for students age 10 and older every other year)

No, I do not want my child to participate in the screenings. Instead, I will have my child’s physician provide the results of these screenings. I understand that these will be added to my child’s school health record.

Signature of Parent/Guardian: _____ Date: _____

Medication Policy

There are times when students must take medication during school hours. These medications are of two varieties: prescription and over-the-counter (non-prescription).

The rules listed below are proposed in order to:

1. Protect the physical welfare of students on medications; i.e. knowing what medication a child is taking could facilitate the course of action a nurse would follow when side effects become apparent.
2. Protect students from unwittingly consuming medication prescribed for another.
3. Ensure that the school has fulfilled its obligation to students on medication.
4. Prevent the unauthorized use of prescription medication during school hours on school property.
5. Inform the school of any child suffering from an illness which requires medication and which may influence both his/her academic performance and behavior in school.

Rules for Medication Taken During School Hours

1. All prescription medication to be taken by students during school hours shall be:
 - a. Kept in the nurse’s office
 - b. Supplied by the student’s parents/guardian along with a physician’s written authorization that the medication is to be given during school hours.
 - c. Clearly labeled with the child’s name, name of medication, drug store where purchased, name of prescribing Physician, and the time and amount of medication to be given.
2. Parents are urged, when possible, to have their child take any necessary medication before and after school hours.
3. Parents are requested to keep children at home during acute stages of illness, especially when medication is necessary at frequent intervals.
4. Tylenol, aspirin, cough drops, and other non-prescription remedies can only be dispensed by the nurse if the medication is sent to school in the original, labeled container accompanied by a properly signed and dated note from the parents. A written order from your physician is also required. Please note: No medication, prescription or non-prescription, will be dispensed this year without a note from your physician. If you think your child will need any of the above non-prescription medicines during the year, please send in a note from your doctor as soon as possible along with the medication which will be kept in the nurse’s office. (Permission forms to dispense medication may be requested from nurse’s office to be filled out by your physician).
5. All requests for children to take medication must be renewed each school year.

NOTE: If you have any questions regarding the above procedures, please contact the school nurse.

I have read and acknowledged the policy above.

Parent Signature _____ Date: _____