



# CONFIDENTIAL ANNUAL MEDICAL INFO FORM: REQUIRED FOR ALL STUDENTS

School Yr: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ HR: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guard. 1: \_\_\_\_\_ Cell: \_\_\_\_\_ W: \_\_\_\_\_ H: \_\_\_\_\_

Parent/Guard. 2: \_\_\_\_\_ Cell: \_\_\_\_\_ W: \_\_\_\_\_ H: \_\_\_\_\_

Medical Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider\*: \_\_\_\_\_ Policyholder & Policy #: \_\_\_\_\_

Health problems (asthma, diabetes, seasonal allergies, etc.):  Yes  No If yes, specify: \_\_\_\_\_

Allergies to medications, foods or insects:  Yes  No If yes, specify reaction and if Epi-Pen required: \_\_\_\_\_

Activities to be excluded or limited during field trips: \_\_\_\_\_

The nurse may share above info w/ pertinent school staff:  Yes  No *Parent Sig.*: \_\_\_\_\_

**MEDICATIONS:** In accordance with NJ State Law, the nurse may only give medication with written consent from the parent. Please indicate which medications your child can/cannot receive during school hours and/or on field trips:

- |  |   |  |                             |
|--|---|--|-----------------------------|
| 1. Tylenol (acetaminophen) - for pain or temp. above 101 | <input type="checkbox"/> Yes, in school | <input type="checkbox"/> Yes, on field trips | <input type="checkbox"/> No |
| 2. Advil (ibuprofen) - for pain or temp. above 101       | <input type="checkbox"/> Yes, in school | <input type="checkbox"/> Yes, on field trips | <input type="checkbox"/> No |
| 3. Benadryl - for allergic reaction                      | <input type="checkbox"/> Yes, in school | <input type="checkbox"/> Yes, on field trips | <input type="checkbox"/> No |
| 4. Tums - for upset stomach                              | <input type="checkbox"/> Yes, in school | <input type="checkbox"/> Yes, on field trips | <input type="checkbox"/> No |
| 5. Cough drops - for sore throat/cough                   | <input type="checkbox"/> Yes, in school | <input type="checkbox"/> Yes, on field trips | <input type="checkbox"/> No |
| 6. Dramamine - for motion sickness                       |   | <input type="checkbox"/> Yes, on field trips | <input type="checkbox"/> No |

*Parent Signature:* \_\_\_\_\_ Date: \_\_\_\_\_

Note: All other medications require physician authorization. Physician Medication Order form is on greenhills.org under Nursing Health Services.

**EMERGENCY CONSENT:** I (We), the undersigned parent(s)/guardian(s) of the above minor do hereby authorize the designated Green Township School District staff (including sport coaches if student plays sports) to seek emergency medical care including surgical treatment, anesthesia, or any required diagnostic test in the case of injury/illness incurred while in school or participating in the school-sponsored activities in the event that I (we) cannot be reached to give consent to emergency personnel. I understand that I am responsible for all medical expenses. This consent covers the current school year only. For changes request a new form.

*Parent Signature:* \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH HISTORY UPDATE:** Note any changes since last medical exam:

Date of last exam: \_\_\_\_\_ Hospitalization/operation: \_\_\_\_\_

Illness: \_\_\_\_\_ Injuries: \_\_\_\_\_

Current medications (in & out of school): Specify name, dose, time & reason: \_\_\_\_\_

**SPORT PHYSICALS:** Required for any 5th, 6th, 7th or 8th grade students participating in school-sponsored sports and must be submitted on the NJ State form prior to tryouts for the school physician to review. Physicals are valid for 365 days. Please note that Green Township School District does not employ a nurse for its after school activities.

\*If your child does not have coverage, note NJ FamilyCare provides free or low-cost health insurance for uninsured children and certain low income parents. For more info call 800-01-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.