



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 #: _____

Acute or chronic health problems (asthma, diabetes, 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 is 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 Yes, in school Yes, on field trips No
- 2. Advil (ibuprofen) - for pain or temp. above 101 Yes, in school Yes, on field trips No
- 3. Benadryl - for allergic reaction Yes, in school Yes, on field trips No
- 4. Dramamine - for motion sickness Yes, on field trips 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: _____

◆ **SCOLIOSIS:** (4th, 6th, 8th graders) The Nurse has permission to screen my child for scoliosis (curvature of the back):

Yes No *Parent Sig.*: _____ Date: _____

◆ **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 to apply online.