

BLAIRSTOWN TOWNSHIP ELEMENTARY SCHOOL
Blairstown, New Jersey 07825

Dear Parent or Guardian:

In order to maintain a current health record for your child, it is necessary for the school nurse to have an up-to-date list of any health conditions he/she may have.
Please complete the following information below and return it to the school nurse.

Student's Name _____ Grade/Teacher _____

Please circle one

Is your child allergic to:	YES	NO
Bee stings or other insect bites	YES	NO
If so, is medication/special treatment required?	YES	NO
Aspirin (it is not given in school)	YES	NO
Foods (Specify) _____	YES	NO

Medicines (Specify) _____	YES	NO

Does your child wear glasses? If so when?	YES	NO
Does your child take medication routinely? If so, what?	YES	NO
Does your child have?	YES	NO
Asthma	YES	NO
Diabetes	YES	NO
Heart Trouble	YES	NO
Hearing Problems	YES	NO
Any other significant medical problem. Specify:		
Has your child had surgery?	YES	NO
Specify:		
Has your child had any serious injuries, broken bones, head injuries, etc?	YES	NO
Specify:		

COMMENTS:

If it is necessary for your child to take any medication (prescription or non-prescription) for any acute or chronic condition during school hours, a written permission slip must be completed and signed by the parents, the family physician and/or the school physician. These forms may be obtained through the school. All medication must be in original container with original label. Children with asthma, or any other condition, which necessitates medication to be taken for emergencies, should have a supply of the medication at the nurse's office with physician's orders. If adrenaline injection is required for any allergic problem, parent must accompany child on class trips.

Date

Signature or Parent/Guardian

I give my permission for my child's medical information to be shared with faculty, staff, and bus drivers on a need to need basis.

Date

Signature of Parent/Guardian

Sincerely,

Mark Saalfield, Superintendent