



BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

1 Sunset Hill Road Post Office Box E

Blairstown, New Jersey 07825

908-362-6111 - Fax: 908-362-5989

www.blairstownelem.net

Dr. Patrick Ketch, *Superintendent*

Colleen Silvestri, *Principal*

Matthew Herzer, *Business Administrator*

Dr. Alyssa Emili, *Supervisor of Special Services*

Current Medical History Form

Student's Name: _____ DOB: _____ Grade: _____

Please list any recent physical examinations, updated immunizations, medications or special considerations for your child. If your child needs any medications/inhalers at school, please contact the school nurse to obtain the appropriate paperwork for your child's physician to complete.

Many children are allergic to certain foods, environments, animals, or medications. A physician must document all true allergic reactions. If your child has reacted due to an allergy, please contact the school nurse to obtain the appropriate paperwork for your child's physician to complete.

_____ My child does not have any known allergies

_____ My child has a diagnosed life-threatening allergy to _____

_____ My child has a diagnosed severe local reaction to _____

_____ My child cannot tolerate the foods _____ and is

_____ controlled from home (moderate intake)

_____ self-limited by the child

_____ requires total abstinence from (contact school nurse)

_____ requires strict supervision (contact school nurse)

_____ There are no known special considerations

Please provide any medical information to staff/faculty as needed. This will assist us in providing a safe, wholesome environment.

Parent Signature: _____ Date: _____