



**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](http://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.

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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: \_\_\_\_\_