

REVISION OF HEALTH RECORDS

MONMOUTH BEACH SCHOOL

STUDENT _____ GRADE _____

1. Has your child had any illness, injury or operation during the past year? Specify and give dates: _____
2. Has your child received any immunization not previously reported? Specify and give dates:

a. DTP _____	e. Hepatitis A 1. _____ 2. _____	i. Influenza vaccine _____
b. Polio _____	f. Hepatitis B 1. _____ 2. _____ 3. _____	j. Varicella _____
c. MMR #1 _____ #2 _____	g. TB (Mantoux Test) _____	k. Meningococcal _____
d. HIB _____	h. Pneumococcal conjugate vaccine (PCV) _____	l. Other _____
3. If your child wears glasses, are they necessary at all times? _____ or just for close work? _____
4. Does your child have any medical conditions that the school should be aware of? _____

Allergies _____	Heart Disease _____
Asthma _____	Orthopedic _____
Diabetes _____	Speech _____
Epilepsy _____	Other _____

5. List any medications your child is presently taking at home: _____

ADMINISTRATION OF MEDICATION

Parents/ guardians should administer medications at home whenever possible. Medications should be administered in school only when necessary for the health and safety of the students.

1. Only the school nurse, parent or guardian shall administer medication in school.
2. The parent/guardian must contact the nurse's office to discuss medication that is to be administered in school. An adult should bring all medication to the nurse's office. Written permission by the physician and parent/guardian must be on file in the nurse's office before any medication can be administered.
3. Medication to be administered must be in the original prescription container with the student's name as well as the physician's name and instructions on the label. All medications shall be stored in a locked cabinet.
4. Specific instructions are necessary from the physician if a student has asthma, diabetes, epilepsy, latex allergy, peanut allergy and/or bee sting allergies. These orders should include name of medication, dosage, treatment regimen, and emergency care measures.
5. Over-the-counter medication to be administered in school must have a physician's order and a written permission from the parent/guardian.

I give my permission for the school nurse to share information concerning my child's health to those faculty/staff members who may need to know. I recognize that sharing this information is important to my child's well being while attending school.

Parent/Guardian Signature _____

Date _____