

St. Mary of the Lakes Health Office
Important Health Information

New Jersey Legislation concerning privacy issues prevents us from sharing medical information about your child with his/her teacher, however, parents can give written permission to have this information released and shared. As it stands, teachers are at a disadvantage to detect early warning symptoms or provide special seating in the classroom, if they are unaware of existing problems. Please complete this form and return it to the health office ASAP to familiarize us with your child and to give permission to the nurse to inform and discuss your child's condition with his/her teachers and appropriate staff members.

CHILD _____ GRADE _____ A B

MEDICAL CONDITIONS (Please include asthma, allergic reactions to food, medications, insects, diabetes, cardiac issues, etc.): _____

SYMPTOMS TO WATCH FOR: _____

EMERGENCY TREATMENT: _____

An additional Care Plan will be sent home for any child with severe allergies, asthma or any other serious medical conditions. It will need to be completed by your child's physician.

Does your child wear eyeglasses? _____ Have impaired hearing? _____
Restrictions in physical activity? _____
Physical Disabilities? _____
Drug sensitivities? _____
Is special seating needed? _____
Medications receiving: _____
Additional comments: _____

Medical information may be shared with your child's teacher and appropriate staff unless otherwise indicated.

-I DO NOT wish my child's information shared. _____ (initial if you do not want information shared)

Parent's Signature _____ Date _____