

**Monmouth Regional High School
Counseling / Health Services
Health Questionnaire & Emergency Form**

DATE _____
GRADE _____
HOMEROOM _____

To Parent or Guardian:

This form is sent to you for the purpose of obtaining accurate information concerning the health history of your child. It is also frequently necessary to contact the parent/guardian during the school day because of a sudden illness or injury.

PLEASE COMPLETE

Student Name _____ Student Cell _____ DOB _____ Sex _____

Address _____ Home number _____ Parent cell _____

Name _____
Mother / Guardian Employer Name & Phone Number

Name _____
Father / Guardian Employer Name & Phone Number

Does your child have health insurance _____

Please list the names and phone numbers of three adults we can contact in the case of a true emergency.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

PLEASE CHECK ANY OF THESE CONDITIONS YOUR CHILD HAS HAD AND THE YEAR DIAGNOSED

Chicken Pox _____	Asthma _____	Heart Condition _____
Measles Regular _____	Diabetes _____	Kidney Disease _____
Measles German _____	Epilepsy _____	Rheumatic Fever _____
Scarlet Fever _____	Tuberculosis _____	Emotional Problems _____
Mumps _____	Scoliosis _____	Allergy _____
Other _____		

LIST ANY SEVERE INJURIES, OPERATIONS, PHYSICAL HANDICAPS OR ALLERGIES:

LIST ANY MEDICATION CURRENTLY OR OFTEN TAKEN AT HOME EXPLAIN:

Please turn over, read and sign.

HEALTH OFFICE POLICIES

PHYSICALS

All 9th grade students, new students, Child Study Team referrals (if necessary), and students wishing to participate in sports are required to have a physical. Students are encouraged to have this done by their private physician. Forms may be picked up in the Health Office. Ninth grade students must have a physical on file **prior** to the end of their freshman year. The school physician will be available if you are unable to have the physical done privately. Sport physicals are valid for 365 days. An updated health participation consent form is required for each sport season. By law, all private physicals must be reviewed and approved by the school physician **prior** to any participation in practice or sports. There are no exceptions. It is the student's responsibility to present completed paperwork to the Health Office on time.

IMMUNIZATIONS

Prior to enrollment, New Jersey requires documentation of immunizations be kept for each student. This includes three verified dates for Diphtheria-tetanus and polio vaccines, two Measles/Mumps/Rubella (MMR) vaccines. Three Hepatitis "B" vaccines, one meningococcal, one Tdap and one Varicella vaccine (or proof of the disease). A PPD/Mantoux tuberculin test must be done on all students entering from designated countries according to NJ Department of Education regulations.

MEDICATIONS

Pupils requiring medication in school must present a written order from a physician, dentist or certified nurse practitioner stating the pupil's diagnosis, name of drug, dosage and time of administration. Any restrictions to the pupil's daily program or side effects of the medication should be clearly stated on the order. Medication should be brought to school in the original container, appropriately labeled, and will be kept in a locked cabinet and given by the school nurse only. The school physician has written a standing order for Tylenol 500-1000 mg or Motrin 400mgs, TUMS, and Benadryl, 25 mgs (for allergic reactions) to be given at the Nurses' discretion with the permission signed below. Epi-pens and Inhalers are permitted to be carried **only** by students who present a written order from their physician and signed by a parent/guardian that they have been trained to use the medication apparatus.

VISITS TO THE HEALTH OFFICE

Students feeling ill during the school day must obtain a pass from their teacher and report to the Health Office. A phone call to the parent will be made if deemed necessary. It is against school policy to allow any child who is ill to drive themselves home. A parent or authorized person must come to pick up the student. Any call to parent regarding illness must be made from the Health Office. **Use of cell phones are against school policy and will result in disciplinary action. Please discuss this with your child.**

I hereby give my permission for my child to be given Tylenol, Motrin, TUMS or Benadryl if the nurse deems necessary. I give permission to inform teachers of any health problems my child may have for purposes of educational guidance and/or student's safety and agree for MRHS to be furnished with any medication and/or special education records concerning the named student for purposes of educational guidance. I also give permission for my child to have a physical by the school physician, if required, and I was unable to have it done privately.

Print Student's Name

Parent/Guardian Signature

Date