

Florham Park Public Schools

Schools

Briarwood (gr.Prek-2)
Brookalke (gr.3-5)
Ridgedale (gr.6-8)

Health Information Form

District Office

Name: _____ Grade: _____ Gender: _____ Phone: _____
Street: _____ City: _____ State: _____ Zip: _____

Health Insurance Status: (Y) or (N) Health Insurance Provider: _____
Date of Last Medical Exam: _____ Date of Initial Polio Immunization: _____
Date of Last Lead Test: _____ Lead Level: _____

Family Physician: _____ Hospital Preferred: _____
Physician Phone: _____ Hospital Phone: _____
Address: _____
Family Dentist: _____
Phone: _____
Address: _____

Medical Concerns/Conditions: Allergies (include to particular medicine, foods, and insects)

If student is currently taking medicine, please list: _____

List any limits to student's physical activities: _____

Indicate if student wears eyeglasses _____ contacts _____

In case of accident or illness, I authorize the school nurse to perform any necessary emergency treatment of my child.

Signature of Parent and/or Guardian _____ Date _____

I hereby authorize the school nurse to inform school personnel about my child's health needs when appropriate on a need to know basis.

Signature of Parent and/or Guardian _____ Date _____

***District Medication Policy** requires a physician's order and written parent permission for any medication (including over-the-counter medication) necessary for a student's well being while at school. You can contact your school nurse for a form or any questions.