

ASSUMPTION REGIONAL CATHOLIC SCHOOL
146 S. Pitney Road
Galloway, NJ 08205

HEALTH REQUIREMENTS FOR ALL STUDENTS

ALL STUDENTS ENTERING THE SCHOOL FOR THE FIRST TIME NEED AN ENTRANCE PHYSICAL EXAMINATION BY THEIR PRIVATE PHYSICIAN.

PLEASE NOTE: Regarding vaccinations: The need for documentation to the school nurse is imperative. Our health records are audited by the Department of Health. **If your child is not in compliance it can result in your child being excluded from school.** Please send completed records to the school nurse. If you are unsure if your child is in compliance, please feel free to call the Nurse's office.

ALL PRESCHOOL STUDENTS: It is mandated by state law all preschool children every school year must have a flu vaccination. Please send documentation of current school year to the school nurse as soon as it has been done. **PLEASE NOTE: Re: vaccinations:** The need for documentation to the school nurse is imperative. **All vaccinations must be completed by December 31, of current school year child has been enrolled to attend.**

KINDERGARTEN ENTRANCE: All students entering Kindergarten by state law need to have completed "their immunization before entry into Kindergarten" prior to starting school. **The requirements listed below are state mandated requirements.**

Copy of your child's completed immunizations, which **MUST** include:

DPT- minimum of 4 doses with one dose given after the 4th birthday.

POLIO- minimum of 3 doses with one dose after the 4th birthday.

MMR- 2 doses with 1 dose after the 4th birthday.

HEPATITIS B- 3 doses.

VARIVAX- 1 dose after the first birthday. This is a NEW state requirement for all students starting September 1, 2004, born **AFTER** January 1, 1998. If your child has had chicken pox, a doctor's note with a date is needed.

SIXTH GRADE: All students entering 6th grade who will be 11 years of age on or before September 1 of current school year: are required by state law to receive:

A Booster of Tdap (tetanus, diphtheria, pertussis) and One dose of Meningococcal vaccine (Menactra)

You must provide written documentation from your health care provider indicating the dates the immunizations were administered.

If your child does not turn 11 years old until after September 1, he/she will need to meet these requirements 30 days from their 11th birthday.

If your child has already completed these immunizations please forward the documentation to the Nurse.

FOURTH AND SEVENTH GRADES: It is strongly recommended that a physical exam be completed on students in the 4th and 7th grades.

We appreciate your cooperation. If we can assist in any way, please feel free to contact us at 652-7134 ext. 1007.

Thank you,
School Nurse

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PHYSICAL EXAMINATION REPORT
TO BE COMPLETED BY EXAMINING PHYSICIAN

Student's Name: _____ Age: _____ Grade: _____ Date of Birth: _____
 Height: _____ Weight: _____ Blood Pressure: _____
 Pulse at Rest: _____ Pulse after 30 sec exercise: _____

	NORMAL	ABNORMAL	COMMENTS
Skin			
Vision			
Hearing			
Nose			
Mouth, Throat			
Neck			
Chest			
Lungs			
Heart			
Abdomen			
Spine/Scoliosis			
Extremities			
Testes			
Physiological Maturation			
Neurological			
Allergies			

Describe any limitations that may inhibit this child's participation in physical education or sports: _____

 Signature of Examining Physician

 Date of Examination

 Printed Name of Examining Physician

 Phone Number

"Where Children and Learning Come First"

Assumption Regional Catholic School
146 S. Pitney Road
Galloway, NJ 08205

ADMINISTRATION OF MEDICATION

Dear Parent/Guardian:

The administration of medication by school personnel is discouraged, as it is not normally a function of education. However, some students with acute or chronic illnesses and specific disabilities often require medication during the course of the school day.

According to Assumption Education policy and New Jersey state law, in order for medication to be administered to students during the school day, the following must be adhered to:

1. The parent or guardian should provide a written request for the prescribed medication at school. A form is available from the school nurse.
2. Written orders are to be provided to the school from the private physician detailing the diagnosis or type of illness, the name of the drug, dosage, time of administration and the side effects. **THIS INCLUDES ALL MEDICATIONS - PRESCRIBED OR OVER THE COUNTER ITEMS SUCH AS TYLENOL AND COUGH MEDICINES. Medication orders must be renewed annually.** A form is available from the school nurse.
3. **The medication must be brought to school in the original container by the parent/guardian.** At that time, medication classified as a controlled dangerous substance will be counted in the presence of the parent/guardian, who will sign it on the medication count log. It should be appropriately labeled by the pharmacy or physician. Ask your pharmacist to put the medication in two containers, one for home and one for school.
4. **All medication must be picked up at school by the parent/guardian** at the end of the school year or end of the period of administration of the medication, whichever occurs earlier. Medication that is not picked up by the end of the school year will be discarded.
5. All medications will be kept in a locked cabinet in the nurse's office.
6. Only the school nurse or parent/guardian can administer medication at the school. Students may not carry medication with them during the school day. However, students may self-administer medications for potentially life-threatening illnesses in accordance with Board of Education policy. For further information, please contact the school nurse.

If you have any questions about your child and medication, please feel free to call your school nurse.

ENROLLMENT HEALTH HISTORY QUESTIONNAIRE

Student's Name _____ Grade _____ Birthdate _____ Sex: Male Female
Circle One

I. Pregnancy and Birth

- | | | |
|--|-----|----|
| 1. Did you have any illnesses during your pregnancy? | yes | no |
| 2. Was he/she born premature? | yes | no |
| 3. How much did he/she weigh at birth? _____ pounds _____ ounces | | |
| 4. Did the infant have any sickness or problems while in the hospital, such as difficulty breathing, jaundice, or blue spells? | yes | no |
| 5. Did your child have severe colic or any unusual feeding problems during the first year of life? | yes | no |

If you answered yes to any of the above questions, please explain: _____

II. Allergies

Is your child affected by any of the following? Explain and describe signs and symptoms:

- ___ Food _____
- ___ Bee stings _____
- ___ Medications _____
- ___ Eczema _____
- ___ Asthma _____
- ___ Hives _____
- ___ Seasonal _____
- ___ Other _____

III. Health Conditions

Has your child had any of the following?:

- | | |
|--------------------------------|------------------------------|
| ___ Eye Problems | ___ Lyme disease |
| ___ Frequent ear infections | ___ Chicken pox |
| ___ Tubes in ears | ___ Seizures |
| ___ Poor hearing | ___ Cancer |
| ___ Frequent headaches | ___ Bleeding disorder |
| ___ Frequent nosebleeds | ___ Heart problems |
| ___ Respiratory problems | ___ Chest pains |
| ___ Frequent sore throats | ___ Urinary problems |
| ___ Dental problems | ___ Bowel upsets or diarrhea |
| ___ Limited mobility | ___ Stomachaches |
| ___ Fractures | ___ Diabetes |
| ___ Attention deficit disorder | ___ Other |

Please comment on any areas checked above: _____

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IV. Family History

1. With whom does your child live?

Both parents Mother Father Legal guardian Other _____

Circle One

2. Are both parents in good health?

yes no

If no, please explain: _____

3. Do any immediate family members have long-term illnesses such as diabetes, high blood pressure, cancer, or heart disease?

yes no

If yes, please explain: _____

4. Do you have any other comments or concerns about your child's health, development, behavior, family or home life that you would like the school to be aware of?

yes no

If yes, please explain: _____

V. Other

1. Does your child take medication daily or weekly?

yes no

If yes, please explain: _____

2. Has your child ever been admitted to the hospital?

yes no

If yes, state when and for what reason: _____

The nurse is available to assist students who become ill or injured during the school day. The nurse is not a doctor and cannot prescribe any medication or treatment. Doctor's orders are required to dispense medications. Please contact your school nurse in order to receive the appropriate form to administer medications.

I understand that this information may be shared with the appropriate staff members having contact with my child.

Completed by: _____ Date _____

Relationship to child: _____

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