



NEW ROAD SCHOOL

Of Ocean County

810 TOWBIN AVENUE

LAKWOOD, NEW JERSEY 08701-5928

TEL: (732) 886-6888

FAX: (732) 886-6990

HEALTH INFO
UPDATE

2016 Extended School Year Program

2016 - 2017 School Year

Date: _____

Please check this box if any information has changed.

Child's Name _____ Birthdate _____ Age _____ Grade _____

Child's Medical History: (please give date/year)

Has your child had any immunization or hospitalizations in the past year that the school has not been made aware of:

Immunization: _____ Immunization: _____

Hospitalizations _____

Please indicate any NEW medical issues: _____

Presently taking any medicines _____

If yes, what and why _____

Please indicate ALL ALLERGIES, if none please initial as indicated My child has **no allergies** (initials) _____

My child has allergies to (food, medications, other) _____

Please note, if your child requires any medication administered in school including an Epi-Pen for his/her allergies, that a physicians order sheet is required along with the parental permission to medicate, as well as the medication and/or Epi-pen.

Other pertinent medical information or special comments _____

Public Law 2008 Chapter 38 requires school districts to find ways to identify those students who are not covered by health insurance and provide the list of those students without insurance to the Department of Human Services.

Medical Insurance: Yes _____ No _____ Insurance Provider _____