

**Health Office Guidelines and Documents**

School Health Services  
Nancy Silverberg  
609-584-1800 ext. 229  
Email: nsilverberg@thenewgrange.org

Dear Parent or Guardian:

Completion of the following forms is requested in order to facilitate school health care for your child.

**Required**

1. Student Emergency Contact Information
2. Physical Examination Form (To be completed by the Physician)
3. Annual Health History (To be completed by parent)
4. Health and Family Life Education (If you DO NOT want your child to participate)
5. Spinal Screening (If you DO NOT want your child to participate)

**Fill out if applicable to your child**

1. Emergency Medication Administration (Asthma or Life-Threatening allergy)
2. Health Care Plan (Food Intolerance)
3. Self-Administration of Medication
4. Request for Administration of Medication in School

**\*Please advise your child's bus driver if your student has a medical condition. It is especially important to advise the busdriver if your child has a condition, which could become a medical emergency, so that arrangements could be made to provide for healthcare.**

**INSTRUCTIONS**

**1. Student Emergency Information Form**

**EMERGENCY FORMS ARE DUE ON THE FIRST DAY OF SCHOOL AND UPON ENROLLMENT! NO EXCEPTIONS!** (in addition to forms requested from the main office).

**2. Physical Examination Form** - is requested every year.

The Newgrange School and New Jersey Administrative Code 6A:16-2.2 requires a report of physical examination from your child's primary care physician. It is **required** you submit this documentation upon enrollment and for each developmental time period.

- **Physical examination and immunization record documentation is required to be submitted upon entry into school as a new student or grade 3, grade 6, and grade 9.**
- **The physical examination documentation must include immunization record.**

**3. Annual Health History Form** - Must be completed by parent.

**4. Health and Family Life Education Letter** - Complete only if you **do not** want your child to participate in Family Life/Reproductive Health Education.

**5. Spinal Screening (Starts in the 5<sup>th</sup> Grade)**

Complete only if you do not want your child to participate in Spinal (Scoliosis) Screening.

**Fill out if applies to your child**

**1. Emergency Medication Administration** (Asthma or Life-Threatening allergy) **2. Health Care Plan** (Food Intolerance)

**3. Self-Administration of Medication Administration**

a. Authorize the principal and school nurse to permit the student to self-administer the prescribed medication as indicated. **4. Request for Administration of Medication in School**

a. Included if you would like to request Tylenol or Motrin administered to your child as needed.

b. The administration of medication in school should be avoided whenever possible. The physician and the parent must complete a Request for Medication Form in order for medication to be administered by the school nurse.

**Please contact Nancy Silverberg at 609-584-1800 extension 229 if you have questions.**