

Our Lady of Good Counsel School
23 West Prospect Avenue
Moorestown, New Jersey 08057

June, 2009

To: Parents

From The Health Office

Re: Yearly Information Forms for Health Office

Just a few reminders that you will need to have completed for the beginning of school in September.

You will find the forms **P, Y, S.** from the Health Office. Please print and read them carefully and then fill out **completely** before returning them to your child's new teacher **the first week of school.** One form of each must be completed for each child.

P-Yearly Update to be printed and filled in **by parent**, due the **first week of school.** Please include any medical update on your child (Glasses prescribed, immunizations received, health problems occurring, surgery performed, emergency numbers changed, home address or phone number changes etc.) In addition, it is important that the health office be informed if any child is receiving daily medications/treatments at home (Ritalin, Nebulizers, inhalers, etc.)

In order to have an accurate health history/immunization profile on your child/children, it would be extremely helpful if the health office receives updated information on your child/children as it becomes available during the school year.

Rules for taking medication at school. Please read carefully to understand the proper protocol for taking medication at school. Please emphasize to your child/children the importance of not giving or taking **“any”** medication to/from another student. **No Medication** may be carried on a student's person at anytime.

Y-Medication Permission Form Please print and fill out this form even if no medication is to be given, check that line no medication to be given and sign the bottom of form. If you wish your child to receive **any medication, over the counter or prescription**, this form must be filled out and signed by your Doctor and also signed by the parent. Each child must return this form to their homeroom teacher the first week of school. It is necessary that the health office receives **100% return** on the **yellow** form regarding school time medication permission-including daily or occasional medications to be given (including Tylenol). . **“NO” over-the-counter medications will be given unless this form is signed by parent and physician.**

Asthma Action Plan- this plan is to be printed and filled out by your Doctor along with the yellow medication form. The health office needs to know if any of the children are required to use and/or carry an inhaler.

The Asthma Plan is so we can better serve the needs of your child/children with asthma or an asthma-like condition. There is a nebulizer in the Health Office if your child requires a treatment.

If your child is in need of an Epi-pen please call the health office, we have an Epi-pen packet to be completed by parents and Doctor.

S –Participation in Activities Form- to be printed and filled in by parent, if restrictions a doctor's note is required. To be sent in *first week of school*, one per child.

Immunization requirements will be updated as they come in from the state of New Jersey. Those listed are from September 08.

Sports – Annual Athletic Pre-Participation Physical Exam forms

Part A Health History Questionnaire 3 pages

Part B Physical Evaluation Forms 4 pages

Any student grades 4-8 planning to play on parish teams must have these forms submitted before practices begin for sport being played. Please print and fill in parent section and private physician fill out physical section and review parent questionnaire. Exam should be within 365 days of the start of practices.

Thanking you in advance for your attention to these details.