

POINT PLEASANT BEACH HIGH SCHOOL  
ANNUAL STUDENT HEALTH UPDATE  
2017-2018

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PLEASE COMPLETE: SOME INFORMATION WILL BE SHARED WITH STAFF AS NEEDED. IF THERE IS INFORMATION YOU DO NOT WANT TO BE SHARED, PLEASE CONTACT THE NURSE'S OFFICE TO DISCUSS YOUR CONCERNS.

Does your child have food, latex, seasonal, insect, other allergies?

\_\_\_\_\_

Wear Glasses or Contacts? \_\_\_\_\_

Have a hearing deficit? \_\_\_\_\_

Corrective Measures? \_\_\_\_\_

Does your child have a seizure disorder? \_\_\_\_\_ What has been the history and follow up plan? \_\_\_\_\_

If yes, please provide a physicians health plan for your child's chart.

If your child has had any recent immunizations, please send in a copy to the nurse's office in order to update the student health file.

Does your child have diabetes, asthma or an allergy requiring an EpiPen? If so, the individualized health plan paperwork can be found online or in the nurse's office. Please have this paperwork completed by a physician and return it to the nurse's office, so that we may keep and follow the health plan at school.

If your child takes a daily medication or you would like to have medication available as needed (ibuprofen, Midol, etc.), please have the medication administration form completed by a physician. This form can be found online or in the nurse's office.

All medications must be in the original containers, unexpired and labeled. Prescription medications must contain the original pharmacy label. These medications will be kept locked in the nurse's office, unless permission to carry is granted for inhalers, EpiPens and diabetes supplies and medication.

Is your child on any medication at home? Please list the name(s) and dosage(s):

\_\_\_\_\_

Please list any other health concerns that you have for your child:

\_\_\_\_\_

Thank you for your attention!

Kristen McNulty, RN, School Nurse

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
Date

KMcN/mmr