



# Livingston Public Schools

11 Foxcroft Drive - Livingston, New Jersey 07039

## Confidential Medical Information Form

(Form to be completed by parent/guardian.)

Student's Name:	Grade:		
Physician's Name:	Office Phone Number:		
<b>Does your child take any medication regularly? If yes, Please List in the space provided below.</b>			
<b>The school nurse has my permission to administer the following over-the-counter medications to my child during the school day (parents will be notified prior to the delivery of all medication):</b>			
<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Advil/Motrin/Ibuprofen <input type="checkbox"/> Tums <input type="checkbox"/> Cough Drops			
<b>Does/Did your child have any of the following? If YES, please give details below.</b>		Yes	No
Allergies (seasonal, food, bee stings, medicine): List allergens and types of reactions below. (If an EpiPen is required, a "Physician's Orders for Allergy Treatment" form must be printed from the school web page, filled out by the physician and submitted <b>each</b> school year.)			
Asthma (allergic, exercise induced): Describe symptoms and treatment below. (If an inhaler is necessary, an "Asthma Treatment plan" form must be printed from the school web page, filled out by the physician and submitted <b>each</b> school year.)			
Diabetes:			
Seizure Disorder:			
Hearing Difficulties:			
Eyeglasses/Contact Lenses: (If yes, when should they be worn?)			
Fainting with Exercise?			
Any previous joint disease, injuries, fractures?			
Loss of consciousness after injury?			
Heart problems, chest pain, palpitations, murmur?			

	Yes	No
<b><i>Has your child ever been hospitalized? If YES, please list dates and detailed reasons below.</i></b>		
<b><i>Surgery? If YES, please list dates and detailed reasons below.</i></b>		
<b><i>Do you have any concerns about your child's health that would impact his/her role as a student?</i></b>		

If your child has a history of allergies, takes medication, wears eyeglasses/contacts or has any health related concerns, it is important to provide this information to the school nurse. The Family Education Rights and Privacy Act (**FERPA**) has issued regulations which require public schools to obtain written consent to disclose medical information. All information will be held in confidence by the school nurses and will be shared only with other school professionals as necessary. If you have any concerns or questions, please do not hesitate to contact the school health office.

I give my permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

\_\_\_\_\_  
***Signature of Parent/Guardian***

\_\_\_\_\_  
***Date***



# Livingston Public Schools

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## Mantoux Tuberculin Testing Notification Form

(Form to be completed by parent/guardian.)

Student's Name: \_\_\_\_\_

In accordance with the rules of the State Department of Education, New Jersey Department of Health and Senior Services' most recent mandate of July 2005, as well as procedures followed by the Livingston School District:

"All students entering New Jersey schools require tuberculin skin testing when entering the school system for the first time, if **BORN** in, or **TRANSFERRING** from, a high TB incidence country **NOT** listed below."

A further exemption exists "if the student has a documented Mantoux Tuberculin skin test result within the previous six (6) months of school entry."

As mandated by state law, the method of screening to be used is the Mantoux Intradermal Skin Test. Within 48 - 72 hours, the site of the test must be checked and the results documented. The Mantoux test may be done by the school nurse or a local private physician if you prefer.

Students will not be allowed to attend school until this testing has been completed.

### ***New entry or transfer students from the following countries are exempt from Mantoux Tuberculin skin testing:***

Antigua and Barbuda	Australia	Austria	Barbados
Belgium	Bermuda	Canada	Cayman Islands
Cuba	Cyprus	Czech Republic	Denmark
Finland	France	Germany	Greenland
Grenada	Iceland	Ireland	Israel
Italy	Jamaica	Jordan	Lebanon
Luxembourg	Malta	Monaco	Montserrat
Netherlands	Netherlands Antilles	New Zealand	Norway
Oman	Puerto Rico	Saint Kitts and Nevis	San Marino
Sweden	Switzerland	Trinidad and Tobago	United Kingdom of Great Britain and Northern Ireland
USA	USA Virgin Islands		

Thank you for your cooperation in this matter.

\_\_\_\_\_  
*Signature of Parent Acknowledging Receipt of the Mantoux Information*

\_\_\_\_\_  
*Date:*