Confidential Medical Information Update Form*
(Form to be completed by parent/guardian.)

School Year ________________  School ______________________________

Grade ________________  Teacher ______________________________

Student’s Name: _____________________________
(Please print Last Name, First Name, MI.)

Are there any changes to your child’s health status from last year?  Yes  No

Are there any medication changes?  Yes  No

If you answered yes to any of the above questions, your child’s school nurse will contact you to discuss the changes.

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):

☐ Tylenol/Acetaminophen  ☐ Advil/Motrin/Ibuprofen  ☐ Tums  ☐ Cough Drops

If your child has a history of allergies, takes medication, wears eyeglasses/contacts or has any health related concerns, it is important to give that 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 the confidence by the school nurses and will be shared only with other school professionals as necessary. If you have any concerns or question 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

*Athletes (including intramurals) in grades 6-12 must also complete the Annual Athletic Pre-Participation Physical Examination Form which is required by the State of New Jersey prior to participation as per N.J.A.C. 6A:16 Programs to Support Student Development. This form can be found on our district, middle and high school websites.

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