

GARFIELD PUBLIC SCHOOLS

JAMES MADISON SCHOOL # 10
55 LINCOLN PLACE, GARFIELD, NEW JERSEY 07026

Mrs. Jennifer Alfonso
PRINCIPAL

Mrs. Amanda Silva, BSN, RN
SCHOOL NURSE

Medical Information Form 2021-2022

Student Name: _____ Grade: _____ DOB: _____

Please provide the following health information:

1) Does your child have any **ALLERGIES**?

Yes No

Does your child have an Epipen Prescribed for him/her?

Yes No

Please explain what the allergy is and what type of a reaction the child has.

2) Does your child have any **MEDICAL CONDITIONS**?

Asthma Diabetes Heart problem Emotional Concerns

Seizures Visual/Hearing/Physical Impairments

ADHD Other (explain below)

NONE

3) Does your child take any medications at home?

4) Will your child need **MEDICATION DURING SCHOOL HOURS**? (ex. Daily medication, Asthma or Allergy medication)

No YES

Name of Medication, amount, how often?

MEDICATION IN SCHOOL

1) Contact the nurse for the documentation needed. All documentation must be completed and signed by both the **Parent** and **Physician**.

2) Medication must be brought to the nurse by the parent in the original container (medication name, dosage, route, and expiration date must be on the label).

Parent/Guardian signature: _____ Phone# _____