

RETURN DATE FOR ALL PHYSICAL FORMS IS AUGUST 15

Enclosed are the necessary medical forms for the upcoming school year. Please call your physician now to schedule an appointment between **May 15 and August 15**.

Annual Physical Forms

Reverend Brown School policy requires that every student receive a physical exam from his/her physician between **May 15th and August 15th regardless of insurance restrictions, without exception**. This will ensure that each student is cleared to participate in gym and sports for the entire school year. The forms should be downloaded from the website and must be completely filled out, signed by both you and your physician, and stamped by the physician. Please keep a copy for your records. No student will be allowed to start school until all forms are received. Incomplete forms will be returned.

Asthma/Allergy Action Plan

If your child has asthma requiring an inhaler/nebulizer or an allergy requiring an epinephrine auto injector, an Action plan must be completed by your physician. These forms can be downloaded from the website and include an authorization to share this information with staff and school representatives involved with the care of your child. The Allergy Action Plan also includes 2 additional forms for emergency medicine use and for delegate administration. Please make sure all forms are complete and signed by both the physician (as indicated) and the parent. All medication should be put in a Ziploc bag with the student's name clearly printed on the front and in the original container. **Students are NOT permitted to transport or carry medication.**

Medication

ALL medications dispensed at school require a physician's order, no exceptions. This includes both prescription and nonprescription medication. The order MUST include the name of the medication, dosage, frequency, indications for use (diagnosis) and possible side effects. For your convenience, a "request for medication" form is available on the website. All orders must have a physician signature and stamp. **Students are not permitted to transport or carry medication.** This includes cough drops and all other over the counter medications. All medications must be supplied by the parent, brought to the school by an adult, in the original container with the pharmacy label (when applicable) and clearly labeled with your child's name. Please check expiration dates before submitting.

Please return all forms to the Reverend Brown School Health Office by August 15th so the nurse has time to review them before the start of the school year. Students will not be admitted to school in September until physicals are received. Thank you for your attention to this matter. We look forward to a successful and healthy school year with your child.

Physical Evaluation Form

Grades PK-4

Reverend George A. Brown Memorial School
294 Sparta Avenue, Sparta, New Jersey 07871 973-729-9174

Students Name _____ DOB _____

Sex: M F Age: _____ Grade: _____

Height: _____ Weight: _____ Blood Pressure: ____ / ____ Pulse _____

Vision: Right 20/ _____ Left 20/ _____ Glasses: Yes / No contacts: Yes / No

Gross Hearing: Right: Pass / Fail Left: Pass / Fail

| | |
|---|--|
| Head/Neck | |
| Eyes/Sclera/Pupils | |
| Ears | |
| Nose/Mouth/Throat | |
| Heart: Murmurs/Rhythms | |
| Lungs: Auscultation/Percussion | |
| Chest Contour | |
| Tanner Stage: Testes/onset of menses | |
| Skin | |
| Abdomen | |
| Neck/Back/Spine Range of Motion | |
| Scoliosis | |
| Upper Extremities | |
| Lower Extremities | |
| Neurological: Balance/Coordination | |
| Hernia? | |

Allergies (environmental/drugs/insect bites) _____

Medical Problems: _____

Medications currently used: _____

Can this Child participate in a full physical education Program? Yes / No (if no, please explain)

Physician Signature: _____ Date of Exam _____

Physician Stamp:

AUTHORIZATION FOR RELEASE OF INFORMATION ON NEED-TO-KNOW BASIS

Reverend George A. Brown Memorial School strives to protect the well-being of our students, especially those with special health needs. This includes assisting teachers, students and administrators to adapt to a student's health needs.

Because of this commitment it is important that certain confidential information about the student's health be shared with different staff members. This information will be used to plan for the care and management of the student. It will be shared with those members of the professional staff who have direct responsibility for the student when in school or participating in school activities.

Please complete the release below:

I hereby authorize an exchange of information to occur between the school nurse, my child's physician and those members of the professional staff that have direct responsibility for my child when in school or when participating in school activities. Permission is effective for the school year in which it is granted and is renewed for each subsequent year.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____