

**ALLENDALE PUBLIC SCHOOLS
HILLSIDE SCHOOL
89 Hillside Avenue · Allendale, NJ 07401
201-825-6565
Anastasia Maroulis, Principal**

ANNUAL HEALTH STATUS UPDATE FORM

Please complete and return to your child's School Nurse

STUDENT NAME _____ GRADE _____

1. Please list any surgical procedures/illnesses your child has had in the past year:

_____ None (check if applicable)

2. Please list all medication your child is taking either at home or at school:

_____ None (check if applicable)

3. Will your child require medication in school (either daily or "as needed")? _____

If your child requires medication during the school day, the Department of Education and the Board of Nursing require the following:

- Written parent permission for the administration of medication at school (form available on website : (Medication Authorization Form)
- Legal order from the physician (form available on website: Medication Authorization Form; Allergy Action Plan; or Asthma Treatment Plan)
- Medication should be brought to the school in the original Prescription-Labeled container along with completed Authorization Form. This pertains to all medications – prescription and over the counter meds.

4. Please list your child's allergies: _____

_____ None (Check if applicable)

5. Do you have any concerns that you would like to discuss with the school nurse regarding your child's health? _____

Parent/Guardian Signature _____ Date _____