

2011-2012



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HEALTH AND GENERAL CONSENT FORM

A new form must be completed for each student every year.

STUDENT NAME _____ **GRAD YEAR** _____

Allergies No known allergies.
 Allergic to the following substances: _____
 Uses an Epi-Pen (If yes, complete self-administration form)

Asthma Does not have asthma.
 Has asthma, diagnosed by a physician
 Carries an inhaler in school (If yes, complete self-administration form)

Medical No known medical conditions.
 Has the following medical condition: _____

Medication Takes no medications on a regular basis
 Takes the following medication(s): _____
 Takes the following medication(s) to school: _____
(If yes, complete self-administration form)

Please indicate if there have been any recent changes in your daughter's medical condition:

SHARING MEDICAL INFORMATION

I give consent for my child's medical information to be shared, when necessary, with the school personnel to insure proper care and treatment while my child is participating in school activities.

PARENT SIGNATURE

DATE