



1650 Palisade Avenue, Teaneck, New Jersey 07666 * Tel 201-833-4307 * Fax 201-833-0816

HEALTH AND GENERAL CONSENT FORM

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

STUDENT NAME _____

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