

GREENWICH TOWNSHIP SCHOOL DISTRICT
ANNUAL STUDENT HEALTH HISTORY UPDATE – **GRADE 6**

STUDENT'S NAME: _____

- | | | |
|---|------------|----------|
| 1. Has your child had any immunizations during the past year?
If yes, please list and provide a copy of your child's immunization record. | YES | NO |
| 2. Has your child had any major illness, injury, surgery, or hospitalization?
If yes, please explain. | YES | NO |
| 3. Is your child on any daily medications?
If yes, please explain. | YES | NO |
| 4. Does your child have asthma?
Does he/she use a rescue inhaler?
If yes, please call the school nurse to discuss medication at school. | YES
YES | NO
NO |
| 5. Has your child ever been advised not to participate in any activity or sport?
If yes, please explain. | YES | NO |
| 6. Is your child presently under the care of a physician?
If yes, please explain. | YES | NO |

Please note any other health information you feel is valuable for your child's school nurse to know:

**I UNDERSTAND MY CHILD'S HEALTH HISTORY MAY BE SHARED WITH
APPROPRIATE SCHOOL PERSONNEL, WHEN NECESSARY**

Parent/Guardian Signature

Date

**** See Reverse for Additional Questions ****

GREENWICH TOWNSHIP SCHOOL DISTRICT
ANNUAL STUDENT HEALTH HISTORY UPDATE – **GRADE 6**

STUDENT'S NAME: _____

SCOLIOSIS SCREENING YES NO

Completed for students in grades 4, 6, 8

If you do not wish your child to have a scoliosis screening, please provide a copy of a recent screening from your child's health care provider

Does your child have health insurance? YES NO

NJ FamilyCare provides free or low-cost health insurance for uninsured children and certain low-income parents. May NJ FamilyCare contact you? YES NO

If yes, please sign below:

You may release my name and contact information to the NJ FamilyCare program.

Parent/Guardian Signature

Date

Name three persons you authorize to transport your child and/or to be contacted in an emergency:

- 1. _____
- 2. _____
- 3. _____

- Phone: _____
- Phone: _____
- Phone: _____

AUTHORIZATION FOR MEDICAL TREATMENT

- 1. I, the undersigned, do hereby authorize officials at Greenwich Township School District to contact the above-named persons named and do authorize the appropriate school personnel to render first aid as may be deemed necessary in an emergency for the health of said child,
- 2. If the parents or above-named persons cannot be contacted, the school officials are hereby authorized to take whatever actions deemed necessary in their judgment, for the health of the said child, including transportation to the nearest medical facility.

Parent/Guardian Signature

Date

GREENWICH TOWNSHIP SCHOOL DISTRICT
ANNUAL STUDENT HEALTH HISTORY UPDATE – **GRADE 7**

STUDENT'S NAME: _____

- | | | |
|---|------------|----------|
| 1. Has your child had any immunizations during the past year?
If yes, please list and provide a copy of your child's immunization record. | YES | NO |
| 2. Has your child had any major illness, injury, surgery, or hospitalization?
If yes, please explain. | YES | NO |
| 3. Is your child on any daily medications?
If yes, please explain. | YES | NO |
| 4. Does your child have asthma?
Does he/she use a rescue inhaler?
If yes, please call the school nurse to discuss medication at school. | YES
YES | NO
NO |
| 5. Has your child ever been advised not to participate in any activity or sport?
If yes, please explain. | YES | NO |
| 6. Is your child presently under the care of a physician?
If yes, please explain. | YES | NO |

Please note any other health information you feel is valuable for your child's school nurse to know:

**I UNDERSTAND MY CHILD'S HEALTH HISTORY MAY BE SHARED WITH
APPROPRIATE SCHOOL PERSONNEL, WHEN NECESSARY**

Parent/Guardian Signature

Date

**** See Reverse for Additional Questions ****

GREENWICH TOWNSHIP SCHOOL DISTRICT
ANNUAL STUDENT HEALTH HISTORY UPDATE – **GRADE 7**

STUDENT'S NAME: _____

Does your child have health insurance? YES NO
NJ FamilyCare provides free or low-cost health insurance for uninsured children and certain
low-income parents. May NJ FamilyCare contact you? YES NO

If yes, please sign below:

You may release my name and contact information to the NJ FamilyCare program.

Parent/Guardian Signature

Date

Name three persons you authorize to transport your child and/or to be contacted in an emergency:

1. _____
2. _____
3. _____

Phone: _____
Phone: _____
Phone: _____

AUTHORIZATION FOR MEDICAL TREATMENT

1. I, the undersigned, do hereby authorize officials at Greenwich Township School District to contact the above-named persons named and do authorize the appropriate school personnel to render first aid as may be deemed necessary in an emergency for the health of said child,
2. If the parents or above-named persons cannot be contacted, the school officials are hereby authorized to take whatever actions deemed necessary in their judgment, for the health of the said child, including transportation to the nearest medical facility.

Parent/Guardian Signature

Date

GREENWICH TOWNSHIP SCHOOL DISTRICT
ANNUAL STUDENT HEALTH HISTORY UPDATE – **GRADE 8**

STUDENT'S NAME: _____

- | | | |
|---|------------|----------|
| 1. Has your child had any immunizations during the past year?
If yes, please list and provide a copy of your child's immunization record. | YES | NO |
| 2. Has your child had any major illness, injury, surgery, or hospitalization?
If yes, please explain. | YES | NO |
| 3. Is your child on any daily medications?
If yes, please explain. | YES | NO |
| 4. Does your child have asthma?
Does he/she use a rescue inhaler?
If yes, please call the school nurse to discuss medication at school. | YES
YES | NO
NO |
| 5. Has your child ever been advised not to participate in any activity or sport?
If yes, please explain. | YES | NO |
| 6. Is your child presently under the care of a physician?
If yes, please explain. | YES | NO |

Please note any other health information you feel is valuable for your child's school nurse to know:

**I UNDERSTAND MY CHILD'S HEALTH HISTORY MAY BE SHARED WITH
APPROPRIATE SCHOOL PERSONNEL, WHEN NECESSARY**

Parent/Guardian Signature

Date

**** See Reverse for Additional Questions ****

GREENWICH TOWNSHIP SCHOOL DISTRICT
ANNUAL STUDENT HEALTH HISTORY UPDATE – **GRADE 8**

STUDENT'S NAME: _____

SCOLIOSIS SCREENING YES NO

Completed for students in grades 4, 6, 8

If you do not wish your child to have a scoliosis screening, please provide a copy of a recent screening from your child's health care provider

Does your child have health insurance? YES NO

NJ FamilyCare provides free or low-cost health insurance for uninsured children and certain low-income parents. May NJ FamilyCare contact you? YES NO

If yes, please sign below:

You may release my name and contact information to the NJ FamilyCare program.

Parent/Guardian Signature

Date

Name three persons you authorize to transport your child and/or to be contacted in an emergency:

1. _____

Phone: _____

2. _____

Phone: _____

3. _____

Phone: _____

AUTHORIZATION FOR MEDICAL TREATMENT

1. I, the undersigned, do hereby authorize officials at Greenwich Township School District to contact the above-named persons named and do authorize the appropriate school personnel to render first aid as may be deemed necessary in an emergency for the health of said child,
2. If the parents or above-named persons cannot be contacted, the school officials are hereby authorized to take whatever actions deemed necessary in their judgment, for the health of the said child, including transportation to the nearest medical facility.

Parent/Guardian Signature

Date