

School Health Admission Requirements

Dear Parent/Guardian:

In order to provide your child with the best medical attention and to meet the State Requirements for school admission, the following paperwork should be brought to Registration or submitted by AUGUST 1st. NO CHILD WILL BE ADMITTED TO SCHOOL WITHOUT THE PROPER PAPERWORK DOCUMENTED.

***All immunizations must be documented by your child's Doctor.**

PRE-K (3 and 4 year old children)

DPT - 4 doses

POLIO - 3 doses

MMR - 1 dose - given on or after 1st birthday

HIB - 1-4 doses, 1 dose given at 12 months of age or later

VARICELLA - 1 dose given on or after 1st birthday, or date of disease (chicken pox)

PNEUMOCOCCAL Conjugate vaccine series

INFLUENZA - 1 dose- annually between September 1st and December 31st

KINDERGARTEN THROUGH 12th GRADE

DPT - A minimum of 4 doses, one dose must have been on or after 4th birthday. A total of any 5 appropriately spaced doses is also satisfactory. If vaccine not started until 7th birthday, 3 doses of appropriately spaced Td are required.

POLIO - A minimum of 3 doses, one dose must have been given on or after 4th birthday. A total of any 4 appropriately spaced doses is also satisfactory.

MMR - 2 doses: the first must be on or after 1st birthday.

HEPATITIS B - 3 doses (There is a 2 dose vaccine which can be given between ages 11 & 15 but this must be documented by the physician).

VARICELLA - for students entering Kindergarten and 1st grade- 1 dose given on or after 1st birthday, or date of disease (chicken pox). If transferring into a New Jersey school from another state or country, vaccine (or date of Disease) is required for those born on or after 1/1/98.

Tdap and MENACTRA - 1 dose of each for students entering 6th grade.

Tdap is not to be given before the 10th birthday

PHYSICAL EXAMINATION

Required for students entering preschool, Kindergarten and those transferring out of State or Country. The Physical must be completed no more than 365 days prior to entry into school/ grade.

STUDENT HEALTH HISTORY

Completed by parent/guardian.

PERMISSION FORM FOR HEALTH SCREENINGS

To be signed by parent/guardian

MEDICATION:

If a medication, prescription or over-the-counter, is to be administered in school, a medication administration permission form must be signed by the parent/guardian and physician. You can request this form from the Nurse or school office. These forms, along with the medication in the original box or bottle, need to be brought to school in the beginning of each school year by the parent/guardian.

If you have any questions, please call the School Nurse. Thank You for your cooperation.

Camden County School Nurse

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

PRIVATE PHYSICIAN'S EXAMINATION REPORT

STUDENT'S NAME _____

EXAMINING PHYSICIAN _____
(PRINT)

DATE OF EXAM _____ PHYSICIAN'S PHONE NUMBER _____

HEIGHT _____ WEIGHT _____

SCALP, HEAD, NECK _____

EYES _____ LAST EYE EXAM _____

EARS _____ LAST HEARING EXAM _____

NOSE _____

MOUTH AND THROAT _____

CHEST AND LUNGS _____

HEART _____

ABDOMEN, HERNIA _____

GENITALS _____

EXTREMITIES _____

SKIN _____

POSTURE, GAIT, SPINE _____

COORDINATION _____

BLOOD PRESSURE _____

RESTRICTIONS _____

REFERRAL NEEDED YES _____ NO _____

IMMUNIZATIONS _____ *PLEASE ATTACH SHOT RECORD

MENINGOCOCCAL VACINE DATE _____

TDAP DATE _____

PHYSICIAN'S SIGNATURE _____

UrbanPromise Ministries
EMERGENCY MEDICAL FORM

Student Name: _____ Student Home Phone _____

Mailing Address: _____ Height _____ Weight _____ DOB ____/____/____

To reach in case of emergency:

Parent/Guardian #1 First and Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian #2 First and Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

List two neighbors or nearby relatives who will assume temporary care of your child if above persons cannot be reached:

(Name) (Address) (Phone Number)

(Name) (Address) (Phone Number)

INFORMATION REGARDING YOUR SON or DAUGHTER

List ALL Allergies (i.e. to medication, food, and insects):

MEDICATION: If you have a medical condition UrbanPromise Professional Staff must obtain and secure it at the school and when your child participates in trips. Such medication must be given to the UrbanPromise Academy Office before your child begins school and/or before he/she departs on a trip **THIS IS NOT OPTIONAL! All medication must be in its original container with label intact.**

Medical Problems: _____

Medications: _____

I do ___ do not ___ give permission for my child to self carry/self administer **EMERGENCY MEDICINE** such as inhalers, insulin and Epipens. It is mandatory that the student understands they must report that they have permission to self-administer.

Health Care/Doctors Provider's Name & Phone # _____

Dentist's Name & Phone # _____

**SEE REVERSE SIDE FOR ADDITIONAL
INFORMATION THAT IS REQUIRED**

MEDICAL INSURANCE INFORMATION

Does your child have health insurance? YES NO If YES, please provide the following information:

Insurance Provider (if applicable): _____ Policy/Group # _____

INSURANCE CARD PHOTO COPY

If your child has insurance, you **MUST** provide a photo copy of **BOTH** sides of his or her insurance card and staple the copy to this form in order for him or her to participate in this program. Is the photo copy attached?

YES NO

If you answered "NO", please provide the following:

Name of Insurance Provider: _____ Phone Number: _____

Name of parent/Guardian Primary Carrier: _____

Group#/Insurance Policy#: _____

Please list any other PERTINENT information we should know about your child _____

Is there any reason why we should NOT seek emergency care for your child in case of an accident? _____

I AUTHORIZE UrbanPromise Professional Staff to administer these over the counter medications to my child as needed:

- Ibuprofen (ex. Advil)
- Acetaminophen (Tylenol)
- Antacid (ex. Tums)
- Antihistamine (ex. Benadryl)
- Allergy medication (ex. Zyrtec)
- Dimenhydrinate (ex. Dramamine)
- Antibiotic ointment (ex. Neosporin)
- Anti-itch ointment (ex. Cortisone)
- Anti-diarrheal medication (ex. Imodium)

WAIVER & RELEASE OF LIABILITY

In case of ordinary illness, parents/guardians are notified by phone. In cases of serious injury, or emergency, the parent/guardian will be notified as soon as possible by phone. When such communication should fail, or when delay will cause serious danger to the student, UrbanPromise Ministries Professional Staff shall have the authority to authorize any emergency medical or surgical procedure, and the use of anesthesia. UrbanPromise Ministries is not responsible for any medical costs incurred.

By signing, I agree that I accept the terms and conditions on this form.

(Parent/Guardian Signature)

(Date)

MEDICATION ADMINISTRATION IN SCHOOLS

The following rules for the administration of medication in schools applies to BOTH prescription and non-prescription (e.g., Tylenol, cough syrup) medications in the school setting. No medication will be administered unless the following requirements are met:

1. A written order from the physician to include the name of the pupil, name of the medication, dosage, the time the medication is to be administered at school and length of time to be given.
2. A written medication administration form completed by the parent/guardian releasing the school and the school personnel from any liability thereof. Medications are administered by a school nurse or designated responsible person. Medication Administration forms are available at the school office and from the school nurse.
3. Medications are to be delivered to the school by the parent/guardian or a designated responsible person.
4. All medication must be in the original container and clearly labeled.
5. Controlled medications (e.g. Ritalin) require a thirty-day physician's renewal.
6. At the end of the school year, medications must be picked up at school by the parent/guardian. Any remaining medication will be destroyed.
7. If self-administration of a medication is prescribed, the parent/guardian and the authorizing physician must complete the medication administration form.

School personnel shall not provide pupils with any medication until all the requirements are met.

**SCHOOL HEALTH PROGRAM
MEDICATION ADMINISTRATION FORM**

I request that the enclosed medication in the original container be administered to my child as prescribed, and shall release school personnel from all liability. This includes ALL over the counter medication e.g. Tylenol, Ibuprophen, Benadryl, cough syrup etc.

NAME OF CHILD _____ GRADE _____

NAME OF MEDICATION _____

DOSAGE _____

PURPOSE _____

(parent/guardian signature) (date)

TO BE FILLED IN BY SCHOOL NURSE

Prescription # _____ Date _____

Pharmacy _____ Phone # _____ Name of Medication _____

Name of Physician _____ Phone # _____

Of Tablets Received _____

PHYSICIAN'S ORDERS

Name of Patient _____

Name of Medication _____

Date of Prescription _____

Dosage _____

Purpose _____

COMMENTS _____

Doctor's Name (please print) Doctor's Signature Date

MEDICAL PERMISSION FOR SCHOOL HEALTH SERVICES

CHILD'S NAME _____ GRADE _____

I hereby give permission for my child to receive the following medical attention as part of the school health program.

1. Height and weight
2. Vision screening
3. Hearing screening
4. Scoliosis screening in 5th, 7th, 10th, and 12th grades

I also give permission for my child's medical information to be shared with the appropriate teachers if necessary for his/her safety and well being.

This Medical Permission form allows your child to participate in the School Health Program. If your child attends the CamdenForward School, he/she will be covered through 8th grade. If your child attends the UrbanPromise Academy, he/she will be covered through 12th grade. It will be incorporated into your child's health records.

You will still be notified before the scoliosis screening and may withdraw permission for any procedure at any time.

PARENT SIGNATURE _____ DATE _____

Camden County Immunization Program

Administration Building (lower level)
600 Market St.
Camden, N.J. 08102

FREE IMMUNIZATIONS

are provided by the
Camden County Board of Freeholders
Department of Health & Human Services


to eligible Camden County children
infants through 18 years of age

For information or to schedule an appointment

Call (856) 225-5128

Office hours Monday through Friday
8:30am until 4:30pm

Immunizations are given by appointment **Only**.
Please bring a copy of your child's immunization (shot) record to appointment.

camden  county

Making It Better, Together.