

**OCEAN TOWNSHIP HIGH SCHOOL
ANNUAL HEALTH QUESTIONNAIRE**

Please complete this form and return to the Nurse's Office as soon as possible.

Student Name: _____ **Grade:** _____

List any **health conditions** that your child has:

List any **hospitalizations/operations** that your child has had within the year:

List any **allergies** that your child has and what treatment is needed for reactions.

Environmental allergies _____

Food / Drug Allergies _____

Insect/Bee Allergies _____

List any **medications** that your child takes:

At Home: _____

At School:* _____

INDICATE YES OR NO

I GIVE MY PERMISSION FOR THE SCHOOL NURSE TO ADMINISTER

ACETAMINOPHEN (TYLENOL) _____ IBUPROFEN (ADVIL/MOTRIN) _____

DURING THE SCHOOL YEAR FOR MINOR PAIN.

9th and 11th Grade Students – Spinal Problem Detection

All 9th and 11th grade students are being offered a free examination during the school year to detect possible spinal problems. The purpose of this state-mandated program is to recognize problems at their earliest stages so that the need for treatment can be determined.

The screening is simple and will be done by trained school personnel. The child's spine is examined as he/she stands and bends forward. Any student with a suspected spinal problem is rechecked by the school physician for further evaluation.

If your child is currently under active treatment for spinal problems or you prefer that screening not occur, please sign the blue parent permission form and have it returned to the school by September 14th.

9th & 11th Grade ONLY - No need to respond if you agree to screening.

_____ I **DO NOT** wish to have my child screened for possible spinal abnormalities.

Parents Initials

IF SCHOOL REPRESENTATIVES ARE UNABLE TO CONTACT PARENTS IN THE EVENT OF ANY EMERGENCY , THE SCHOOL WILL HAVE YOUR STUDENT TRANSPORTED BY MEDIC RESCUE AMBULANCE SERVICE.

HOSPITAL PREFERENCE:

Monmouth Medical Center _____ Jersey Shore University Medical Center _____ Riverview Medical Center _____

I give permission for my child's information to be shared with school staff and emergency care personnel as needed. _____ **Yes** _____ **No**

Parent / Guardian Signature _____ **Date** _____

