CHERRY HILL PUBLIC SCHOOLS ENVIRONMENTAL EDUCATIONAL RESIDENCY PROGRAM Health Information Form

Student information:			Week attending Mt. Misery (<u>circle one</u>):			11/29	12/6
Student	tudent's last name Student		rst name	Date of birth	LC/Advi	sor	
Street a	ddress			Home phone			
Paren	t/Guardian informa	tion:					
Name	Relati	onship	Primary d	day time phone	Primary 6	evening p	hone
Name	Relati	onship	Primary d	lay time phone	Primary o	evening p	hone
List tw	gency contact inform to nearby neighbors or		would assume	responsibility for your chil			
Name:		Pho	one:			Relations	hip:
Name:		Pho	one:			Relations	hip:
1. 2.	Date last tetanus boos	ster was given:			Phone num		
3.	List any allergies to foods, medications, insect bites, etc.						
4.	Has the student been exposed to any illness in the past month? If so, what was the illness and when?						n?
5.	Please comment if there is any additional information that we should be aware of so that your child's experience can be successful.						l's
6.	My child will require <u>medication</u> while at Mt. Misery NO YES If yes, is the physician order is attached or pending (Please note that the physicians order and medication <u>must be received at least 1 week prior to the trip</u>)						
7.	hospitalize, secure prothat every effort will NJ State Law requires facility.	be reached, I hoper treatment be made to corres that this st	for and to ord ntact the paren atement be si	y permission to the physicia der injection, anesthesia or s nt/guardian and the physicia igned for admittance to th	surgery for my in of the partic	y child. i cipant. ental resi	I understand
	PARENT/GUARDIA	AN SIGNATI	JRE:			Date:	

NAM	IE OF STUDENT:	LC
N	MEDICATION POLICY FOR THE CHERRY HILL ENVIRONMENT. RESIDENCY PROGRAM	AL EDUCATIONAL
•	All medications including over the counter medications <u>require a doctor</u> . The only exception is Acetaminophen (Tylenol) and Ibuprofen (Advil of given with the permission of a parent/guardian. All medication must be labeled clearly and given to the school nurse of day of departure. Medications MUST be in the original pharmacy bottle with the label in extra doses. It must be in a large ziplock bag with the student's name, ONE MEDICATION FORM SHOULD BE USED FOR EACH MEDI	or Motrin) which can be ne week <u>BEFORE</u> the ntact. Do not include <u>LC and date of trip.</u>
•	sheets can be obtained from the nurse's office or downloaded off the n	
1.	PRESCRIPTION/OVER THE COUNTER MEDICATIONS:	
	I request the enclosed medication to be administered to my child according to the physicia accompany the medication.	an's written orders which will
	PARENT/GUARDIAN SIGNATURE	
	PHYSICIAN'S ORDERS (please print)	
	Name of Student:	
	Diagnosis:	
	Medication:	
	Dosage and Time:	
	Comments:	
	PHYSICIAN'S SIGNATURE:	
2.	PRESCRIPTION/OVER THE COUNTER MEDICATIONS:	
	I request the enclosed medication to be administered to my child according to the physicia accompany the medication.	nn's written orders which will
	PARENT/GUARDIAN SIGNATURE	
	PHYSICIAN'S ORDERS (please print)	
	Name of Student:	
	Diagnosis:	
	Medication:	
	Dosage and Time:	

Comments:

PHYSICIAN'S SIGNATURE: