

**CLARK PUBLIC SCHOOLS**  
**HEALTH QUESTIONNAIRE**  
**2017-2018**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

**Please complete and return to the school nurse in September**

- 1) Please submit a **doctor's note** to document any **new immunizations** your child may have had that have not been previously reported to the school.
- 2) Is your child on any prescription medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list name of medication: \_\_\_\_\_
- 3) Does your child have any serious allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list: \_\_\_\_\_
- 4) Does your child use an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, it is mandated that your doctor complete an **Asthma Action Plan**.  
This can be obtained from the school nurse's office or from [www.pacnj.org](http://www.pacnj.org).
- 5) Has your child had any accidents, injuries or surgeries **within the past year?**  
**If so, please explain:** \_\_\_\_\_
- 6) Has your child had any serious type illness or chronic condition that the school nurse needs to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

**Does your child have health insurance?**

Yes \_\_\_\_\_ If yes, name of insurance company: \_\_\_\_\_  
No \_\_\_\_\_ NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online, or contact your school nurse for more information.

**I give permission for the school nurse to share pertinent information regarding my child's health concerns with other school personnel that may need to know in the best interest of my child.** (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

**By State Law, no medications will be administered in school without a doctor's note, renewed each school year. This includes over the counter medications such as Tylenol, Advil, Midol, cold remedies and allergy medications. Students should take their medications prior to coming to school if they require any.** Students are screened for scoliosis, height, weight, vision and hearing by the school nurse at intervals during their school career unless a parent refuses these screenings in writing.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE