

**HANOVER TOWNSHIP PUBLIC SCHOOLS
ANNUAL HEALTH UPDATE**

Please complete. Confidential information will be shared with teaching staff as necessary.

Child's Name: _____

Date: _____

Period 1 Teacher: _____

Grade: _____

1. Has your child had any accidents, injuries, illnesses, or surgeries over the summer? If yes, please explain:

2. Is your child currently taking any medication? If yes, please explain: _____

3. Does your child have any medical/physical problem (allergies, tires easily, headaches, nosebleeds, disabilities, etc.) the school should know about? If yes, please explain: _____

4. Does your child have asthma? Does your child have any allergies to medications, foods, insects, pollens? If yes, please explain and list care required: _____

5. Has your child been diagnosed hyperactive by your physician? If yes, please list medication, amount, and time of administration: _____

6. Does your child have a seizure disorder, bleeding tendencies, diabetes, or chronic disorders? If yes, please explain:

7. Does your child wear glasses or contact lenses? _____ If so, is the correction for near vision or distance vision? _____ When is your child to wear glasses? _____
Date of last eye exam: _____ Date of last prescription change: _____
Other vision problems: _____
8. Does your child have any ear or hearing difficulties? If yes, please explain: _____

9. Do you have any other information about your child's health, development, behavior, family/home life that you would like the school to be aware of? If yes, please explain: _____

Parent name (please print)

Parent Signature

Date

Does child have Health Insurance?

Yes _____ If Yes, name of insurance company: _____

No _____ NJ FamilyCare 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 to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ **Printed Name:** _____ **Date:** _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).