

MAYWOOD PUBLIC SCHOOLS

Maywood Avenue School

201-845-9110 Ext. 1
201-845-7287 FAX
Nurse: Anne Lalumia

Memorial School

201-845-9113 Ext. 2
201-845-0657 FAX
Nurse: Diana Zuccaro

Welcome to Maywood Schools! We are looking forward to meeting and helping to care for your child. This health packet will inform you of some procedures that are to be followed in helping to safeguard your child's health. It is very important to complete these health forms immediately and return them to your child's school.

If health forms are not completely filled out, the forms will be returned.

Immunization Record

The NJ State Dept of Health requires the constant monitoring of immunization records. All immunization records must be in English. If during a physical exam, or any time during the year, your child receives an immunization, please submit a written doctor's note stating the type of immunization and date (month/day/year). **This must include the physician's signature, address, and telephone.** (Encourage physicians to also use their stamp)

Physical Examination Form

A physical exam must be completed upon entry into the school. Exams must be current for the school year. **This must include the physician's signature, address, telephone and date.** (Encourage physicians to also use their stamp)

Medication Form

Parents/guardians are encouraged to administer medication at home whenever possible. Medication should be administered in school **ONLY** when necessary. The following procedure must be followed **each year**, if (prescription and over-the-counter) medication is to be administered to a student during school hours.

- A medication form to be completed by both parent/guardian and your child's physician. **This must include the physician's signature, address, telephone and date.** (Encourage physicians to also use their stamp)
- A pharmacy-labeled (unopened) container including: Child's Full Name, Name of Medication, Amount of Medication to be given, Time Medication is to be given, Any Special Instructions, Physician's Name, Date the Prescription was filled. **LABELS MUST NOT SAY "AS DIRECTED", BUT MUST BE SPECIFIC.**
- For over-the-counter medication, the medication must be in its original (unopened) container.
- All medication must be transported to and from school by an adult.

* **Note:** Students who have Asthma, Food Allergies, Seizures,... **must** complete a specific Medication Administration Form that can be obtained from the school nurse or on the school web site.

Health Screenings

In accordance with the NJ State law your child will be screened for: Ht, Wt, BP, Vision, Hearing & Scoliosis. You will be notified of the results **only** in the event deficiencies are discovered. If a referral letter is sent home, it is important that you take your child for an examination and return report to the school nurse.

Emergency Information Cards

An emergency information card will be issued to each student for a parent/guardian to complete. The cards are used in the event that your child becomes ill or in case of any emergency. Every attempt will be made to contact the parent/guardian before calling the person listed on the card as emergency contacts. Your child will be released only to the person listed on the emergency card. If any information changes throughout the year, please inform the main office.

It is mandatory that emergency cards are: **Filled out** on **Both sides** & **Signed** and **Dated**

The main goal of a school nurse is the well being of your child in a healthy school environment. If your child has **any health concerns** (i.e, allergies, asthma, heart disease, seizures, etc.) or if your child's health status changes during the school year please **inform the school nurse** immediately. If you have any questions or concerns, please contact your school nurse.