

Dear SMLS families,

My name is Jenna Grubb and I am the new school nurse at Saint Mary of the Lakes. I am here full time Monday-Friday from 8am-3:15pm and I am excited for a great school year ahead.

Medical forms are attached to this letter. Two important forms are being sent home with your child. The first form is an Emergency Contact form. Please note that this needs to be filled out every school year. The second form is titled Important Health Information and also has to be updated every year. If you are a new family and have already completed the paperwork then kindly disregard. I will be following up with any new families who have not sent in all of their paperwork over the course of the next few weeks.

Just a few reminders for parents regarding vaccines. All 6th graders need a Tdap and Menigococcal vaccine this year. If documentation was not already sent in, please send those immunization records in. If your child received the COVID vaccine, please feel free to send a copy of that in as well. A flu shot is required for all preschool students. Please send documentation in for this by December 31st.

Our goal here at SMLS is to keep everyone happy and healthy and ready to learn and we can achieve this by working as a team. If your child is not feeling well, please do not send your student to school. If you have any questions, especially regarding COVID protocols, please do not hesitate to reach out, I'm only a phone call away. I can be reached at (609) 654.2546 x 213.

If your child has Asthma requiring an inhaler or food allergies requiring an epi pen please make sure to send in an Asthma Action Plan or Allergy care plan for the student. I am still working through some paperwork so again, if you've already sent this in, please disregard.

I will be sending out a small note if your student has visited the nurses office during the day and if it's a more serious issue, I will be calling you.

Thank you so much for your time and I hope you have a wonderful week!

Jenna Grubb, RN BSN

School Nurse

Saint Mary of the Lakes School 609-654-2546 x213

Fax: 609-654-8125

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

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).

List any medical/surgical care your child has received during the past year:

Dental Exam	_____	date	_____	braces	_____
Eye Exam	_____	date	_____	contacts	_____
Allergy	_____	kind	_____	glasses	_____
Allergic Reaction	_____	date	_____	medications	_____
Immunizations/Tetanus	_____	date	_____	medications	_____
Restrictions	_____	type	_____	type	_____
Doctor	_____			Telephone	_____
Dentist	_____			Telephone	_____
Hospital	_____	Address	_____	Telephone	_____

I, the undersigned, do hereby authorize officials of St. Mary of the Lakes School to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent(s) / Guardian(s) _____ Date _____

NAME OF SCHOOL DISTRICT

St. Mary of the Lakes School Medford, NJ

ID# office use only

Last Name First Initial

Date of Birth (Mo/Day/Year)

Address

School

City Zip

Grade

Home Telephone ()

Teacher/H.R.

To Parent or Guardian: To serve your child in case of accident or sudden illness, it is necessary that you give the following information for emergency calls:

Name

Address

Telephone

Mother/

Home

Guardian

Work

Father

Home

Work

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name

Name

Home/

Address

Home/

Address

Work/

Address

Work/

Address

Telephone: Home

Work

Telephone: Home

Work

Relationship

Relationship

Please list other children attending St. Mary of the Lakes School (Name, School)

☐ Please check this box if there has been a name change of parent/guardian, address or telephone number.

St. Mary of the Lakes Health Office
Important Health Information

New Jersey Legislation concerning privacy issues prevents us from sharing medical information about your child with his/her teacher, however, parents can give written permission to have this information released and shared. As it stands, teachers are at a disadvantage to detect early warning symptoms or provide special seating in the classroom, if they are unaware of existing problems. Please complete this form and return it to the health office ASAP to familiarize us with your child and to give permission to the nurse to inform and discuss your child's condition with his/her teachers and appropriate staff members.

CHILD _____ GRADE _____ A B

MEDICAL CONDITIONS (Please include asthma, allergic reactions to food, medications, insects, diabetes, cardiac issues, etc.): _____

SYMPTOMS TO WATCH FOR: _____

EMERGENCY TREATMENT: _____

An additional Care Plan will be sent home for any child with severe allergies, asthma or any other serious medical conditions. It will need to be completed by your child's physician.

Does your child wear eyeglasses? _____ Have impaired hearing? _____
Restrictions in physical activity? _____
Physical Disabilities? _____
Drug sensitivities? _____
Is special seating needed? _____
Medications receiving: _____
Additional comments: _____

Medical information may be shared with your child's teacher and appropriate staff unless otherwise indicated.

-I DO NOT wish my child's information shared. _____ (initial if you do not want information shared)

Parent's Signature _____ Date _____