

**ST. FRANCIS CATHEDRAL SCHOOL
528 MAIN STREET
METUCHEN, NJ 08840
732/548-3107
www.stfranciscathedralschool.org**

**Nurse Packet
Kindergarten–Eighth Grade**

Parents/Guardians:

Please return the following forms, completed and together, to the attention of School Nurse. All forms must be returned and all immunizations must be completed and documented before school begins or your child will not be permitted to start school.

Any questions, please call the school nurse, 732/548-3162.

Please check:

_____ School Health Services Program Consent Form

_____ Emergency Procedure Form

_____ Physician Physical Form (Physicals must be dated after January 1st of the current school year)

_____ Health History Record

_____ Immunization Records (Please be sure your child has received all required immunizations and documentation is submitted from Physician)

Thank you,

Tara Crandle,
R.N. School Nurse

St. Francis Cathedral School
528 Main Street
Metuchen, NJ 08840
732-548-3162

Dear Parents/Guardians:

Welcome to St. Francis Cathedral School!

Attached are the forms that are required for your child's health record.

KINDERGARTEN AND NEW STUDENTS MUST HAVE ALL PAPERWORK RETURNED BY JUNE 1st.

YOUR CHILD'S REGISTRATION IS NOT CONSIDERED COMPLETE UNTIL ALL HEALTH FORMS ARE RETURNED TO THE SCHOOL NURSE.

REMINDERS:

1. Please call the Health Office **each day** your child is absent.
Phone: **732-548-3162**.
2. Any medication to be given in school must be in the original, appropriately labeled prescription bottle. Permission papers must be completed. This is New Jersey State Law.
3. Immunizations must be up-to-date as required by New Jersey State Law.
Please notify the nurse when your child receives any immunizations – and provide documentation from your health care provider.
4. No child shall be admitted to school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A. 26:1A-9. Proper immunization is a condition of admission to the school. All immunizations must be received and documentation sent to school nurse **in order for child to start school**.
5. Physicals are required when entering kindergarten and for **all new students** and every three years thereafter (usually 3rd Grade and 6th Grade).
No student may start school without the required physical.
6. Please inform the nurse if there are any changes in your child's health.

We are looking forward to a healthy and happy year.

Thank you,

Tara Crandle, R.N.
School Nurse

**St. Francis Cathedral School
528 Main Street
Metuchen, NJ 08840**

School Nurse Phone -1-732-548-3162

K – 8th Grade

Dear Parent/Guardian:

According to New Jersey State Law, all students attending school in New Jersey must receive the following immunizations:

Diphtheria/Pertussis/Tetanus (DTaP) – 5 total

Tdap - All students in the 6th Grade who are 11 years or older. If student's birthday is after the start of the school year, he/she can wait until they are age eligible. Appointment to receive vaccine should be within two weeks after birthday

Polio – 4 doses

Measles/Mumps/Rubella (MMR) – 1 dose given after 12 months of age and one dose before **entering Kindergarten** (Total – 2 doses)

HIB – at least one dose

Hepatitis B – 3 doses

Varicella – 1 dose given after 12 months of age

TB test – Recommended – required if entering school from certain countries. Please call nurse with this information

Meningococcal Vaccine – All students in the 6th Grade who are 11 years or older.
(Student should be age eligible – see note with Tdap).

All immunizations must be completed and documentation given to the School Nurse before child will be permitted to enter school in September. Student will be excluded until immunizations are completed.

If you have any questions, please call the School Nurse at **732-548-3162**.

Tara Crandle, R.N.
School Nurse

**ST. FRANCIS CATHEDRAL SCHOOL
528 MAIN STREET
METUCHEN NEW JERSEY 08840**

SCHOOL HEALTH SERVICES PROGRAM

During the school year, the health program will include the services listed below. Please read and review these services prior to signing this permission form. For your child to participate in this program, this form must be returned to the school nurse.

TUBERCULOSIS TESTING: In accordance with the current New Jersey State Department of Health guidelines, the school nurse will notify you if this test is necessary.

PHYSICAL EXAMINATION: Applicable to all new students and those students who have not had an exam in the last three years. Examination by your family doctor is required and a certificate must be presented to the school nurse.

HEIGHTS & WEIGHTS: Will be checked annually by the school nurse.

MEDICATION POLICY: Any medication to be given during school hours must be accompanied by a physician's or dentist's note with the prescribed medication in the original container. The prescribed medication must be administered by the school nurse or authorized adult if the nurse is not present. Please refer to the school handbook.

SCREENING TESTS: Will be conducted by the school nurse or trained volunteers. The tests include:

- a. Hearing: All students – K-4 6, 8
- b. Vision: All students – K, 2, 4, 6, 8
- c. Scoliosis: All students, grades 5 through 8

Please document and report any health concerns of your child to the school nurse.

This consent form will be kept with your child's record while a student at St. Francis Cathedral School.

SCHOOL HEALTH SERVICES PROGRAM

I give permission for my child _____ to participate fully in the School Health Program as stated above. School personnel are authorized to administer necessary first aid treatment to my child.

Date

Signature of Parent/Guardian

ST. FRANCIS CATHEDRAL SCHOOL

HEALTH HISTORY

Date _____ Parent's Name _____
Entering Grade _____ Address _____
Child's Name _____ Phone # _____
Age _____ Family Physician _____
Date of Birth _____ Address _____
Phone # _____

A. Family History

1. Are the child's parents both in good health? Yes ___ No ___
If no, describe _____

2. List ages, sex, and general health of brothers and sisters:

3. Are there any significant family or mental problems?

4. Do any family members have a history of:
Diabetes____, Tuberculosis____, Nervous Breakdown____, Hay Fever____,
Asthma____, Retardation____, Convulsions____, Migraine____.

B. Sleep Pattern

1. How many hours of sleep does your child get each night? _____
2. Does your child have difficulty falling asleep? _____
3. Does your child have any of the following: (Please circle)
Insomnia sleepwalking wakefulness during the night

C. Feeding and Digestion

1. Is the child's appetite usually good? Yes___No___
2. Do any foods disagree with him/her? Yes___No___
3. Does he/she often have diarrhea? Yes___No___
4. Does he/she have frequent stomachaches? Yes___No___

D. Infections and Illnesses

1. Frequent earaches? Yes___No___
2. Frequent sore throats? Yes___No___
3. Frequent colds? Yes___No___
4. Urinary infections or related problems? Yes___No___
5. Convulsions? Yes___No___
6. High Fevers? Yes___No___
7. Problems with hearing? Yes___No___
8. Problems with vision? Yes___No___
9. Wheezing or asthma? Yes___No___
10. Eczema or hives? Yes___No___

11. Allergies or reactions to any medication? Yes____No____
Describe allergies or reactions:

12. Circle any of the following which the child has had, and indicate in blanks at what age:

____Measles	____Roseola	____Mumps
____German Measles	____Whooping Cough	____Broken Bones
____Chicken Pox	____Pneumonia	____removal of tonsils and/or adenoids

E. Any Serious Accidents? (indicate) _____

F. Hospitalization? (for what purpose) _____

G. Is your child now taking medication? Please list: _____

H. Development

1. At what age did the child walk alone? _____
2. At what age did the child talk? _____

I. Behavior

1. Does the child exhibit any of the following (please circle)?
nail biting nightmares breath holding
thumb sucking speech problems fearful
bed wetting
2. Have you had any difficulty with your child? If so, describe the problem
and age that the child's difficulty was first noticed? _____

J. Is there any other information which would be helpful in understanding
your child better, thus enabling him to benefit fully from school
experience? _____

K. Country child was born in if child was born outside of the United States:

Name of School previously attended, if applicable _____

ST. FRANCIS CATHEDRAL SCHOOL
528 Main Street
Metuchen, New Jersey 08840

Physician's Report of Physical Examination

Name _____ Birthdate _____ Grade _____

Height _____ Weight _____ Pulse _____ Resp. _____ BP _____
****REQUIRED**

Medical History (eg. Asthma, seizures, freq OM, etc.) _____

Surgical History _____

Trauma or Injuries _____

General Appearance _____ Skin _____

Head and Neck _____ Lungs _____

Heart _____

Abdomen _____ Genitalia _____

Musculoskeletal _____

Extremities _____

Other _____

Impressions _____

Immunizations given on this date _____

Physician's Name, Address, Phone (please Print)

Physician's Signature

Date of Examination

ST. FRANCIS CATHEDRAL SCHOOL

NURSE'S OFFICE EMERGENCY CONTACT FORM School Year _____

Last Name: _____ Home Phone: _____

Address: _____

Child(ren) 1. _____ Grade: _____ 2. _____ Grade: _____
3. _____ Grade: _____ 4. _____ Grade: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

Please complete the following using numbers to indicate order of procedure to be followed in the event of illness or injury to your child(ren) at school:

() Contact: _____ Mother () Home () Cell () Work

() Contact: _____ Father () Home () Cell () Work

() Contact: _____ () at: _____
(Relationship to student)

() Contact: _____ () at: _____
(Relationship to student)

() Contact: _____ (Physician) at: _____

Does student have health insurance? YES / NO. Name of Insurance Company: _____

Take student to nearest hospital? YES / NO. Name of Hospital: _____

Please list any medical conditions/allergies/medications: _____

I give **permission** for medical information about my child(ren) be shared with school staff on a need-to-know basis: Please **circle** one: YES / NO.

Contact via e-mail for non-emergency communication? YES / NO. E-mail address: _____

In case of a serious emergency to the above-named **student** and in the event neither parent/guardian can be reached by telephone, I hereby authorize a representative of the school to act in my child(ren)'s best interests.

X _____ X _____

Parent/Guardian Signature

Date