

Mt. Olive Township Public Schools

Student Annual Medical Update

Student Name: _____ DOB: _____

School: _____ Grade/Teacher: _____ School Year: _____

Concerns	Yes	No	Complete- If Yes
Allergic to: Bee Stings			Epi-Pen Yes No (If yes action plan required)
Allergic to: Medications			List:
Allergic to: Foods (list)			Reaction: Epi-Pen Yes No (If yes action plan required)
Asthma			Medications: (If yes action plan required)
Significant Seasonal Allergies			Medications:
Behavior/emotional concerns			
Headaches or Migraines			Migraine Symptoms:
Stomach or Bowel Concerns			
Hearing / Vision Concerns			
Cardiac/Heart conditions			Medications:
Seizures: (If yes action plan required)			Medications: Date of last seizure
OTHER:			

PERMISSIONS: Do you give permission to share the aforementioned information with appropriate faculty and staff who work directly with your child? This information will be confidential. **YES__ NO__**

I, the undersigned, do hereby authorize officials of MOTSD to contact directly the person(s) named as emergency contacts, and in the event that emergency contacts, or parents/guardians cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, 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.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

IMPORTANT SCHOOL HEALTH ROUTINES AND SCREENINGS INFORMATION

- **Screenings:** Height, weight and blood pressure, and hearing screenings are conducted on all student's preschool through 5th grade **as mandated by NJ State Law.**
- Vision screening is conducted on all kindergarten, 2nd and 4th grade students **as mandated by NJ State Law** for those students who have not submitted a private examination.
- If your child is in the **5th grade, scoliosis** is required by NJ State law. If you would like your child to be excluded from this screening, please submit in writing. Proof of private physician examinations for scoliosis are due by June, 2027.
- **If you wish for your child to be exempt from any mandated health screenings please submit a request in writing each school year.**