RETURN DATE FOR ALL PHYSICAL FORMS IS AUGUST 15

Physicals

Reverend Brown School policy requires that every student receive a physical exam from his/her physician **between May 15 th and August 15 th** regardless of insurance restrictions and without exception. This will ensure that each student is cleared to participate in gym and sports for the entire school year. The forms should be downloaded from the website and must be filled out completely, signed by both you and your physician, and stamped by the physician. Please keep a copy for your records. **No student will be allowed to start school until all forms are received**. Incomplete forms will be returned. Please call your physician now to **schedule an appointment**. All Pre-K, Kindergarten and New students **must** attach a vaccine record as well. New students can submit an existing physical that is **not** older than 364 days the first year only.

Asthma/Allergy Action Plan

Action Plans are only necessary if your child has asthma requiring an inhaler or an allergy requiring an epinephrine auto injector. These forms can be downloaded from the website and include an authorization to share this information with staff and school representatives involved with the care of your child. The Allergy Action Plan also includes 2 additional forms for emergency medicine use and for delegate administration. Please make sure **all** forms are completed and signed by both the physician (as indicated) and the parent. All medication should be put in a Ziploc bag with the student's name clearly printed on the front and in the original container with the pharmacy label. **Students are NOT permitted to transport or carry medication at any time.**

Seizure Action Plan

A Seizure action plan is available on the website as needed.

Medication

ALL medications dispensed at school require a physician's order, no exceptions. This includes both prescription and nonprescription medication. The order MUST include the name of the medication, dosage, frequency, indication for use (diagnosis) and possible side effects. All orders must have a physician signature and stamp. **Students are not permitted to transport or carry medication including cough drops** and any over the counter medications. All medications must be supplied by the parent, brought to the school by an adult, in the original container with the pharmacy label (when applicable) and clearly marked with your child's name. Please check expiration dates before submitting.

Concussion Form and Health History Update

All students grades K through 4 are required to **review and complete the concussion fact sheet and sign off page**. This form must be completed each school year and submitted to the school nurse. When playing school sponsored sports, a Health History Update is **required at the start of each new sport if the first practice begins more than 90 days after the date listed on the current physical.**

Please return all forms to the Reverend Brown School Health Office by August 15th. Students will not be admitted to school in September until physicals are received. Thank you for your attention to this matter. We look forward to a successful and healthy school year with your child.

Physical Evaluation Form
Grades PK-4

Reverend George A. Brown Memorial School
294 Sparta Avenue, Sparta, New Jersey 07871 973-729-9174

Students Name_____DOB_____
Sex: M F Age:_____ Grade:_____

Height:_____ Weight:_____ Blood Pressure:_____/_____ Pulse_____

Vision: Right 20/_____ Left 20/_____ Glasses: Yes / No contacts: Yes / No

Gross Hearing: Right: Pass / Fail Left: Pass / Fail

Head/Neck	
Eyes/Sclera/Pupils	
Ears	
Nose/Mouth/Throat	
Heart: Murmurs/Rhythms	
Lungs: Auscultation/Percussion	
Chest Contour	
Tanner Stage: Testes/onset of menses	
Skin	
Abdomen	
Neck/Back/Spine Range of Motion	
Scoliosis	
Upper Extremities	
Lower Extremities	
Neurological: Balance/Coordination	
Hernia?	

Allergies (environmental/drugs/insect bites)_____

Medical Problems:_____

Medications currently used:_____

Can this Child participate in a full physical education Program? Yes / No (if no, please explain)

_____.

Physician Signature:_____Date of Exam_____
Physician Stamp:

AUTHORIZATION FOR RELEASE OF INFORMATION ON NEED-TO-KNOW BASIS

Reverend George A. Brown Memorial School strives to protect the well-being of our students, especially those with special health needs. This includes assisting teachers, students and administrators to adapt to a student's health needs.

Because of this commitment it is important that certain confidential information about the student's health be shared with different staff members. This information will be used to plan for the care and management of the student. It will be shared with those members of the professional staff who have direct responsibility for the student when in school or participating in school activities.

Please complete the release below:

I hereby authorize an exchange of information to occur between the school nurse, my child's physician and those members of the professional staff that have direct responsibility for my child when in school or when participating in school activities. Permission is effective for the school year in which it is granted and is renewed for each subsequent year.

Student's Name: _____

Parent/Guardian Signature: _____

Date: _____