EAST BRUNSWICK
MAGNET SCHOOL

Michael Cappiello, *Principal*
Joseph Adochio, *Assistant Principal*
Jason Garzone, *Assistant Principal*
Morgan Lalevee, Ed.D. *Assistant Principal*

COLLEGE READY.
CAREER READY.
LIFE READY.

2026-2027 School Year

Dear Parents/Guardians:
Welcome to East Brunswick Magnet School for the 2026-2027 school year. This packet will provide information about maintaining your child's health in the upcoming school year. Working together will ensure that your child will have a healthy, valuable and positive learning experience. All forms are available on the school's website and/or in the Nurse's office.

Immunizations
It is a NJ State Regulation that no child be admitted to school without proof of adequate immunizations. Proof of immunizations (Form A-45) has been/will be requested from your sending district. ***If we are unable to obtain this information from your child's previous school, we will request this information from you as your child will not be allowed to remain in school without this information.***

School Physicals
Required for all NEW students within 30 days of entering the district and anyone participating in sports (see sports physical information below for specific requirements).
You can choose to:

- have your own doctor complete the **PRIVATE PHYSICIAN'S PHYSICAL FORM** (physical must have been completed within 365 days of submission) and attach an immunization record. ● **OR** if needed the school district will provide your child a physical (at no cost to you) by our school physician – complete the **PARENT/GUARDIAN REQUEST FOR SCHOOL PHYSICAL FORM**.

Sports Physicals and Permissions
Please have your child pick up the **SPORTS PREPARTICIPATION PHYSICAL EVALUATION FORM** from the school or *download the physical from the school website*. This is a state mandated form and MUST be used by any student wishing to participate in sports. Additionally *complete* ***the Athletics Participation forms online*** *at the schools website* if he/she plans on playing any sports. These forms must be completed and reviewed **before** your child can participate (including try-outs).

Medication Administration during School Hours
If your child requires **ANY** medications to be taken during school the **AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS** form is required to be completed by you AND your child's doctor. This form is required in order to give **ANY** medications to your child (inhalers, epi-pens, insulin, etc.). Forms from the previous year cannot be carried over - a new form MUST be completed each year. Please bring any required Medications IN THE ORIGINAL BOX WITH PRESCRIPTION LABEL in for your child along with this completed form to the school nurse. If your child is prone to headaches, GI upset, cramps etc. have this form filled out by your doctor to allow quick

treatment for these issues during school hours (Tylenol, Ibuprofen, TUMS, Benadryl, etc.) All attempts will be made to return medications at the end of the school year.

Asthma

If your child has asthma, the **ASTHMA TREATMENT PLAN** form MUST be completed by your child's doctor and signed by a parent/guardian. Rescue inhalers are permitted to be self-carried by students if appropriate but ANOTHER rescue inhaler is needed to be kept in the nurse's office.

Allergies

If your child has allergies, the **FOOD ALLERGY AND ANAPHYLAXIS EMERGENCY CARE PLAN** MUST be completed by your child's doctor and signed by a parent/guardian. Epi-Pens are permitted to be self-carried by students if appropriate and ANOTHER epi-pen is needed to be kept in the nurse's office.

Diabetes

If your child has diabetes, a **DIABETES CARE FOR SCHOOL PLAN** MUST be completed by your child's doctor and signed by a parent/guardian. Physician orders MUST to be available the first day of school in order for your child to receive his/her medications.

Seizures

If your child has seizures, the **SEIZURE ACTION PLAN** MUST be completed by your child's doctor and signed by a parent/guardian.

Special Accommodations

If your child is seen by your doctor/urgent care/emergency room and requires any special accommodations (crutches, gym excuse/restriction, shop excuse, new medication needing to be administered at school, etc). **A note from a physician stating these accommodations is required** and **must be given to the School Nurse immediately upon return to school**.

Contacting You for Medical Issues/Emergencies

The **EMERGENCY CONTACT INFORMATION** must be filled out online in Genesis once you have your access. Consideration must be made about who is available to pick up your sick child. Students CANNOT remain in school with fevers, rashes, vomiting, sprains, or any other condition that is possibly contagious or keeps them from class for an extended period of time. This requires VALID phone numbers – if your number changes please alert the school and update it in the Genesis system.

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All forms are due ASAP so appropriate care can be provided for your child. Thank you for your cooperation with these requests in advance. Any questions please contact me at 732-254-8700 x1826 or via email at ebnurse@mcmsnj.net

School Nurse, East Brunswick Magnet School
Email: ebnurse@mcmsnj.net
Telephone: 732-254-8700 x1826 Fax: 732-254-0844