Morris Hills High School

520 West Main Street Rockaway, NJ • 07866-3799
Main: 973-664-2309 • School Counseling: 973-664-2329

Todd M. Toriello, Ed.D.	Dominique Dixon	Gene Melvin	Emily Barkocy	Claire Herman	Brenda Gupta
Principal	*Assistant Principal*	*Assistant Principal*	*Assistant Principal*	*Athletic Director*	*School Counseling Supervisor*
973-664-2301	*Discipline Grades 9&11* 973-664-2303	*Discipline Grades 10&12* 973-664-2357	*Student Attendance* 973-664-2305	973-664-2307	973-664-2313

HEALTH SERVICES

All grade 9 students and new entrants to Morris Hills High School are required to have a comprehensive physical examination which includes examination of their ears, nose, throat, heart, lungs, abdomen, and back. Additionally, an examination for hernia and scoliosis are included. This examination should be completed at the student's doctor's office or medical clinic by the healthcare provider of your choice.

The results of the examination conducted must be documented on the district Medical Examination Form. The examination is acceptable up to 365 days prior to entry to the school district. Parents/guardians who wish to have this examination completed at their doctor's office or medical clinic must return the district Medical Examination Form which will be kept on file in the Health Office.

The physical examinations submitted for students presently participating on a Morris Hills sports team, Marching Band, Cheerleading or Ski Club do not have to submit another physical examination to meet this requirement. (Please refer to the Morris Hills High School Student /Parent Handbook for more information about sports physicals.)

Please remember that regular physical examinations are important at least once during significant developmental stages such as adolescence (grades 7-12) to help ensure that your son/daughter maintains good health.

All physicals must be in the Health Office by **October 1, 2026.**

MORRIS HILLS HIGH SCHOOL

HEALTH DEPARTMENT

(973) 664-2332

Dear Doctor: _____

Please complete the following information:

NAME	AGE	DATE OF BIRTH
_____	_____	_____

Height	_____	Ears	_____
Weight	_____	Nose	_____
Blood Pressure	_____	Throat	_____
Pulse	_____	Heart	_____
Respiration Rate	_____	Lungs	_____
Vision	_____	Hernia	_____
Hearing	_____	Deformities	_____
Skin	_____	Scoliosis	_____

Other Defects _____

Physician Signature _____

Name _____

Address _____

_____

Date of Physical _____

OTHER INFORMATION _____

_____

MORRIS HILLS HIGH SCHOOL
HEALTH OFFICE

In accordance with school policy, should it become necessary for your child to take medication during school hours, the following procedure must be followed before the school nurse will administer medication.

The medication must be brought to the Health Office in a pharmacy-labeled container with your child's name, date, name of medication, dosage schedule, and physician's name. (Parent may request duplicate containers when Rx is filled.) Over-the-counter medication must be supplied by the parents or guardians in the original container.

Pupils requiring prescription medications or over-the-counter medication in school must have the following completed and on file in the Health Office.

To be completed by parent/guardian and physician:

Student's Name: _____ Grade: _____

Name and dosage of medication: _____

Reason for medication: _____

Time to be given: _____

I, _____ give permission for my child, _____

to receive _____ (medication) as directed.

_____ _____ _____
Date Parent/Guardian Signature Telephone #

_____ _____ _____
Physician's Name (please print) Date Address

_____ _____
Physician's Signature Telephone #

THESE AUTHORIZATIONS MUST BE RENEWED EACH SCHOOL YEAR