



WALL TOWNSHIP PUBLIC SCHOOLS

1620 18th Avenue · PO Box 1199

Wall Township, NJ 07719

DISTRICT HEAD NURSE: Nurse Carrie Penn RN, BSN, CSN

Wall Township Public Schools Yearly Health Update 2026-2027

Dear Parent/Guardian:

To provide effective health services based on your child's individual needs, the school nurse requires updated information regarding your child's health history and current health status. Please complete the questions below to update your child's school health record. If you would like to consult directly with the school nurse, please contact your child's school.

Important: Parents/guardians are responsible for reviewing and updating their child's health and emergency contact information promptly. Emergency contacts must be authorized adults who are available to pick up an ill student within 30 minutes of notification by the school nurse.

☐ Asthma

Requires Medication: Fill out the Asthma Treatment Plan and Medication Request Form

☐ Food Allergies

Requires Medication. Click here to fill out the required forms

Please list any food allergies below:

☐ Other Allergies

Requires Medication. Click here to fill out the required forms

Please list any allergies below:

☐ History of Serious Injury or Illness:

Please list any serious injuries or illnesses:

☐ Hospitalizations/Surgeries:

If YES, please explain:

☐ History of Cardiac Problem

If YES, please explain:

☐ Cancer

If YES, please explain:



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☐ History of Immune Disease

If YES, please explain:

☐ History of Transplant

If YES, please explain:

☐ Diabetic

(Please contact your school nurse and fill out BOTH the Medication Request Form and Diabetic Management Plan)

☐ Seizure Disorder

(Please contact your school nurse and fill out BOTH the Medication Request Form and Seizure Action Plan)

If YES, please explain:

☐ ADD/ADHD

☐ Wears Glasses or Contacts, if YES Date Obtained: _____

Any other health conditions we should be aware of:

Please list any Current Medications taken at home:

Do any medications need to be taken during school hours? ☐ YES ☐ NO

If YES, please fill out the Medication Request Form.

Would you like the school nurse to be able to administer Acetaminophen or Ibuprofen to your child during the school day? ☐ YES ☐ NO

Please note: If you select "yes," you will need to type your name in the text box below. Typing your name will serve as your signature.

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You can update your answer at any time by completing the Acetaminophen or Ibuprofen Form and returning it to the school nurse.

As the parent/legal guardian, by typing your full name below, you authorize the school nurse to administer Ibuprofen or Acetaminophen to your child.

I permit the school nurse to share information concerning my child's health with those faculty/staff members who may need to know. I recognize that sharing this information is important to my child's well-being while attending school.

Child's Name: _____

Signature: _____

Date: _____

Additionally, we would like to remind you that yearly physical examinations are recommended for all school-age children. Please provide the school with a record of your child's most recent physical exam.

Sincerely,

WTPS District School Nurses