



West Amwell Township Elementary School

1417 Route 179 ★ Lambertville, New Jersey 08530-3413

Dr. Todd A. Fay, Superintendent ★ Mrs. Mitzi Morillo, Principal

Phone (609) 397-0819 ★ Fax (609) 397-4350

www.westamwellschool.org

Emergency Medical Form 2007-08

If your child is to take medication during school hours, all medication must be in the prescription bottle and the appropriate permission form for prescription medication complete and on file in the health office. The form is available from the School Nurse or at www.westamwellschool.org.

Student Name

Teacher

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

- Does your child have a severe allergy (bee stings, food, medication, other):
 - No, my child has no known allergies.
 - Yes, please make an appointment to speak with Spring Pittore, School Nurse immediately by calling 609-397-0819 x 204.

Nurse's comments following parent meeting: _____

- Please list other health problems or physical limitations that the School Nurse or Teacher should know:

- Fluoride Program:
 - No, my child will not participate in the fluoride rinse program.
 - Yes, my child will continue to participate in the fluoride rinse program that is administered by the School Nurse weekly in the classroom.
- Scoliosis screening (checking for spinal curvature, required by State for students over 10 years old) check consent: Yes ____ No ____
- Hearing and Vision checks (annually K-6th) check consent: Yes ____ No ____
Child wears glasses: ____ Child wears contacts: ____
- Check consent for School Nurse to administer: Acetaminophen/Tylenol, Ibuprofen, Benadryl: Yes ____ No ____
Cough drops: Yes ____ No ____

Local Physician's Name _____

Address _____

Office Telephone Number _____

Parent/Guardian Signature

Date