

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

Thorne Middle School

70 Murphy Road, Port Monmouth, N.J. 07758

Phone (732)787-1220 FAX (732)787-5306

Thomas Olausen, Principal
Peter Smith, Assistant Principal

8/2012

Dear Parents and Guardians,

Enclosed please find a **health update** for your child. It is of great value to me to know your child and his/her needs while at school. I appreciate your cooperation in completing this as accurately as possible. If you have any concerns about your student, please feel free to contact me anytime throughout the year.

Important things to remember!!

- **Athletic Physicals, permission slips and health updates, and emergency contact sheets** are needed **before** tryouts. Please submit forms to the school nurse. They are available on the district website under "athletics". The Physical is valid for 365 days. **No one can try out without one.** . Plan ahead! Drs. Offices are busy in September and it is often difficult to get an appointment. We don't want disappointed kids!
- Please see attached notice for 6th grade immunizations required for admission to school~~~
- Emergency numbers should be updated when they change, PLEASE keep us informed!!
- **Discretionary medications** can be given at school with the enclosed permission slip. Complete and return the form if you are interested in participating. Note** tablet form of medications is stocked – liquids are not available unless provided by parent.

Sincerely,

Mrs. Kara Nolan RN, BSN Thorne School Nurse ext.7709

MEDICAL HISTORY UPDATE- THORNE MIDDLE SCHOOL
2012-2013

Student Name _____ **Grade** _____ **DOB** _____

Significant recent illnesses, accidents, operations and/or medical problems:

Current medicines including over the counter medications/herbals used regularly _____

Does your child need ANY medication given in school?

Does your child have any life-threatening allergies or allergies requiring medication in school? _____

Has you child been diagnosed with asthma? _____

Does your child wear glasses, hearing aides or other type of prosthesis? _____

Are there any emotional concerns we should know about?

_____.

I understand that all types of jewelry/piercings needs to be removed for PE class for the safety of my child AND others
_____ (initial please)

I give permission for health information to be shared with necessary personnel for the health and safety of my child.

Parent signature _____ Date _____

*******Please submit to homeroom teacher on the first day of school.*******

What is needed to try out for a sport???

Please complete all areas of the forms . Incomplete forms can not be accepted.

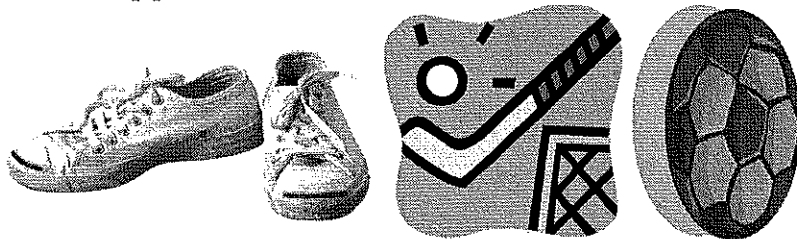
1. Permission slip for each sport

2. Health questionnaire each season

3. Emergency contact sheet (each season, coaches keep)

4. Valid Sports Physical on state approved form must be done within 365 days of the sport try out. Please check with the school nurse if you have a question well before the first day of try outs!!

Please understand that these forms are required by the NJ State Athletic Association. Students that do not have the needed paperwork will be ineligible to participate. Please plan early so the students are not disappointed. ~~ Go Lions!!



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Middletown, NJ 07748

2012-2013

Student Name _____ Grade _____

Date of Birth _____

Medications taken on regular basis: _____

I request that the following medications be made available to my child: (please check)

For headaches/earaches/menstrual cramps/muscle aches:

<input type="checkbox"/> Acetaminophen (like Tylenol)	<input type="checkbox"/> Ibuprofen (like Advil)
<input type="checkbox"/> 325 mg <input type="checkbox"/> 500 mg <input type="checkbox"/> 650 mg	<input type="checkbox"/> 200 mg

For upset Stomach:

Chewable antacid tablets (like Tums)

1 tablet 2 tablets

For mild allergic reaction:

Diphenhydramine (like Benadryl)

25 mg

I understand that the above medications I have checked can be administered by the Registered School nurse with the established protocols that have been developed by the Middletown Township School district physician. I understand the generic medication equivalent may be used. Be advised that the district shall incur **NO** liability as a result of any injury arising from the administration of medication and that the parents/guardians shall indemnify and hold harmless the district and its employees or agents against any claims arising out of administration of this medication.

Signature of Parent/Guardian & Contact number

Date

