

Middle Township High School

Health Office
Tracey Nagle RN

Medical Update Form

Name of Student _____ Date of Birth _____

Address _____ Telephone _____ Grade (2019-2020) _____

Check if the student has any of the following conditions:

____ Heart Condition/If Yes: (____ Restrictions ____ No Restrictions) Please explain below

____ Seizure Disorder ____ Asthma/If Yes: (____ on medication ____ No medication: Action Plan on file ____)

____ Diabetic ____ Vision/Hearing Problems ____ Severe Allergies ____ Bowel Problems

____ Recent Surgery ____ Recent Serious Illness ____ Other medical condition

Please explain any of the above conditions

Is your child on any medication? (Please list) _____

Any other conditions you would like the school to be aware of?

List brothers/sisters attending Middle Township Schools:

Name (First and Last)

School/Teacher

Family Dentist _____ Phone _____

Family Physician _____ Phone _____

I give permission to release the above medical information to appropriate school personnel to alert staff of any potential medical emergency.

Signature of parent/guardian _____ Date _____

Does child have Health Insurance?

Yes ____ If Yes, name of insurance company _____

No ____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710, Mrs. Nagle at 465-1852, ext 5527 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ Printed Name: _____