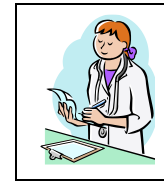


St. Bartholomew School
Medical Update for the 2026-2027 School Year
Health Office
732-257-6668



Child's Name		Date of Birth (mm/dd/yyyy):
Grade Level		Gender: <input type="checkbox"/> F <input type="checkbox"/> M
Mother's Name		<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> RN <input type="checkbox"/> Other _____
Father's Name		<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> RN <input type="checkbox"/> Other _____
<p>1) Have there been any changes to your child's health status from last year? If yes, please list any serious illnesses, injuries or medical conditions.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>2) Does your child take daily medication? If yes, please list name of medicine, dose and frequency. Please note, if any of the medications need to be administered during school hours, download the Form to Administer Medication from the Nurse's website. Send the completed form to the Health Office.</p> <p>_____</p>		
<p>3) Please list the date of your child's last physical examination: _____ <small>(You will need to provide documentation. The NJDOE Physical Examination form may be downloaded from the Nurse's website.)</small></p>		
<p>4) Has your child received any immunizations within the last year? If yes, please provide written documentation from your child's physician's office. <i>Please note that students entering Grade 6 are required to have Tdap and Menactra prior to the first day of school.</i></p> <p>_____</p> <p>_____</p>		
<p>5) Is there any additional pertinent medical information you feel is necessary for the nurse or your child's teacher to know? Would you like to be called by the School Nurse to discuss the details?</p> <p>_____</p> <p>_____</p>		

Please be advised that if your child requires medication in school, a doctor's order as well as your consent MUST be provided. *THIS ALSO APPLIES TO OVER-THE-COUNTER MEDICATIONS!
If you need a Form to Administer Medication, please download the form from the Nurse's website.

If your child requires an Epi-Pen, inhaler and/or other treatments that require medical assistance, you will be receiving additional information and requests for information.

 Parent/Guardian Signature

 Date

Reviewed by:

 School Nurse

 Date

12/15/2025