



The Shore Center

100 Tornillo Way

Tinton Falls, NJ 07712

Dear Parents and Guardians,

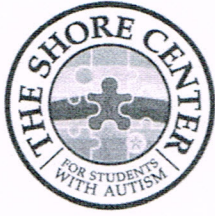
Welcome back to a new school year. The health and safety of our students is of great importance to us. In order for students to succeed in meeting their personal goals they must first be feeling well. We ask for everyone's cooperation in following the guidelines for when your child is ill. Please make sure all parent/guardian contact information is kept current, as well the contact information for another adult who is able to pick up your child during the school day should we not be able to reach you.

Students must remain home from school and will be sent home from school with:

- An elevation in temperature (over 100.0 degrees). The student must be fever free for a full 24 hours before returning to school without the use of a fever reducing medication.
- Any student who is vomiting or having diarrhea must remain home for a full 24 hours after the vomiting and/or diarrhea have stopped. They also need to resume a regular diet to return to school.
- Any contagious illness or possible contagious illness (strep throat, conjunctivitis, persistent coughing, unidentified rash) that could infect others, distract your child or disrupt the classroom.
-

Please contact the nurse as soon as possible if your child has any medical condition that needs to be monitored at school or if they need any medication during the school day. If your child has had any recent physical examinations or immunizations please provide a copy for their school record. Examinations are required upon entry to a school district and then recommended yearly or at least once during each stage of development.

There is a health history form attached to this letter that must be completed and returned as soon as possible. There is also an informational letter about head lice for you to review. Thank you for helping us maintain the healthiest environment for our students.



The Shore Center

100 Tornillo Way

Tinton Falls, NJ 07712

Student Name: _____ Date of Birth: _____

1. Were there any problems during the mother's pregnancy, labor or delivery or during your child's infancy? _____
2. If applicable, at what age did your child begin to:
Walk: _____ Speak: _____ Toilet Train : _____
3. Do any of the following conditions apply to your child? Please check and explain.
Allergies _____ Asthma _____ Chicken Pox _____ (year)
Diabetes _____ Hepatitis _____ Meningitis _____
Frequent Ear Infections _____ Lymes Disease _____ Mononucleus _____
Neuromuscular Problems _____ Seizures _____ Heart Problems _____
Frequent Nose Bleeds _____ Pneumonia _____ Hospitalizations _____
Strep Throat _____ Bronchitis _____ Surgery _____
Fractures/Injuries _____ Vision or Hearing Problems _____
4. Does your child have any restrictions on physical activity?

5. Please list all medications including vitamins and/or supplements your child is currently taking. Include dose and frequency:

6. Does your child receive any therapy outside of school? (e.g. physical therapy, oxygen therapy, vision therapy) _____

7. Has your child been diagnosed with any medical conditions? (e.g. ADHD, anemia, celiac disease)

8. Please provide the name and phone number for the following physician's (contact will not be made without parental consent)

Pediatrician: _____ Phone: _____

Neurologist: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Dentist: _____ Phone: _____

Other Specialist: _____ Phone: _____

9. Is there anything you would like us to know about your child?

10. Please provide the best number to reach you at during the school day and a name and number for at least one other emergency contact.

- Parent/Guardian contact # _____
- Emergency contact # 1 (name, relationship to child and number)

- Emergency contact #2 (name, relationship to child and number)

Parent/Guardian Name

Signature

Date

*please print