Parent Information Checklist

Please use this form as a reference to navigate your parent packet, which includes all the pertinent policies and procedures here at The Gramon Family of Schools. Forms that need to be signed and returned are on the Right Side of the folder, and on the Left Side of the folder is information for you to keep at home.

Student: ________________________________________________

(KEEP)
- □ Welcome Letter
- □ 2019-2020 School Calendar
- □ FERPA Annual Notification
- □ Gramon Family Alert System
- □ Transportation Procedures
- □ Technology Acceptable Use Guidelines
- □ Parent Permission Policy Descriptions
- □ Behavior Intervention Information
- □ Health Guidelines

(SIGN AND RETURN)
- □ Student Information Sheet
- □ Gramon Family Alert System
- □ Behavior Intervention Signature Sheet
- □ Annual Medical Update
- □ Student Health Information
- □ Universal Child Health Record
- □ Stock Medication
- □ Medication Consent Forms
Welcome to The Gramon Family of Schools!

Dear Parent or Guardian,

Enclosed is a set of official papers that we send home every year to remind you of what The Gramon Family of Schools is all about and what we have to offer. Included in this folder are several forms that must be filled out so that we may continue to appropriately care for your child during the school day. Please complete each form entirely and accurately, and return to back to the school as soon as possible.

Please use the accompanying Parent Checklist as a guide to which forms must be returned, and which forms are for your records.

If you have any questions about this packet, please feel free to call the schools main office, New Beginnings 973-882-8822 or Gramon School/Glenview Academy 973-808-1998 at any time.

Sincerely,

Candace Galvez
Candace Galvez, Executive Director
The Gramon Family of Schools 2019-2020 School Calendar

JULY 2019

8: First Day of Extended School Year

AUGUST 2019

16: Last Day of Extended School Year - Early Dismissal

SEPTEMBER 2019

2: Labor Day - School Closed
3 & 4: Staff Development
5: First Day for Students - Early Dismissal
6: Staff Development - Early Dismissal
30: Rosh Hashanah - School Closed

OCTOBER 2019

9: Yom Kippur - School Closed
14: Founder’s Day - School Closed for Students
4: Staff Development - Early Dismissal

NOVEMBER 2019

27: Early Dismissal
28 & 29: Thanksgiving Recess - School Closed

DECEMBER 2019

20: Early Dismissal
23-31: Holiday Recess - School Closed

JANUARY 2020

1: New Year’s - School Closed
2: Classes Resume

FEBRUARY 2020

14: Martin Luther King Day - School Closed

MARCH 2020

6: Staff Development - Early Dismissal
20: Staff Development - Early Dismissal

APRIL 2020

10: Good Friday - School Closed

MAY 2020

22: Early Dismissal
25: Memorial Day - School Closed

JUNE 2020

22 & 23: Early Dismissal
24: Last Day for Students - Early Dismissal

JULY 2020

6: First Day of Extended School Year

AUGUST 2020

14: Last Day of Extended School Year

School Hours 8:40 a.m. - 2:55 p.m.
Delayed Opening - 10:10 a.m.
Board Approved: February 15, 2019

*ALL DATES ARE SUBJECT TO CHANGE CAUSED BY WEATHER OR OTHER EMERGENCY CLOSINGS*
STUDENT INFORMATION SHEET

☐ Information remains the same as previous year  ☐ Information has changed see below

Student Name: ___________________________ Birth Date: __________________

Address______________________________         City: ___________________________         Zip: ____________

Social Security Number _____-____-_____  
Home Phone (include area code): (____) _________________ Alternate Phone: (____) _________________
Parent/Guardian Name_________________________________________          Work Phone: (____) _________________
Parent/Guardian Cell Phone Number: (____) ________________ Alternate Phone: (____) ________________

EMERGENCY CONTACTS Please list two other people we can contact in an emergency:

1. Name: ___________________________________________ Relationship to Student: __________________________
   Address: ___________________________________________ Phone Number: (____) ___________ _____________
   Email Address: ______________________________________

2. Name: ___________________________________________ Relationship to Student: __________________________
   Address: ___________________________________________ Phone Number: (____) _________________
   Email Address: ______________________________________

MEDICAL CONSENT

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to make any and all arrangements that may be necessary. In the event that my child must be transported to the hospital, I understand that his/her transportation home will become my responsibility if he/she is not returned to school before the regular school dismissal time. Any costs resulting from medical transportation and medical treatment for my child will be my responsibility. I understand that school student insurance is secondary to any family primary coverage.

Parent / Guardian Signature: ________________________________________ Date: _________________________

LIABILITY

I understand that I am responsible for compensating the school for property damage or breakage caused by my child during school. I am also aware that medical and other expenses incurred by my child as a result of accident and injury are my responsibility.

Parent / Guardian Signature: ________________________________________ Date: _________________________
FERPA ANNUAL NOTIFICATION
TO PARENTS AND ELIGIBLE STUDENTS
CONCERNING STUDENT SCHOOL RECORDS

The Educational Rights and Privacy Act (FERPA) gives parents and students over 18 certain rights concerning education records. These rights are:

The right to see and review the records

Parents and eligible students who wish to have access to their child’s records or their own records should send a request in writing to the School principal. The principal will make arrangements for access and notify you of the time and place where the records may be inspected.

The right to request a change in the record if the parent believes that it is inaccurate, misleading, or otherwise in violation of the student’s privacy rights

You may ask the School to change a record that you believe is inaccurate. You should write to the School principal identifying the part of the record you want changed and explain why it is inaccurate. If the School decides not to make the change, the School will notify you about the decision and let you know that you have the right to a hearing regarding the request.

The right to consent to disclosure of personally identifiable information

The School will not disclose personally identifiable information without your consent, except under emergency conditions, medical need, or when required by law or regulation.

The right to file a complaint with the US Department of Education if the School does not follow the FERPA requirements

The name and address of the office that administers FERPA are
Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901
GRAMON FAMILY OF SCHOOLS ALERT SYSTEM

Keeping parents informed and involved helps to assure students safety and improve student success. With today’s on-the-go lifestyles, it has become more difficult for schools to reach families quickly and efficiently.

Our alert system is an essential tool for notification and communication. Within minutes of an emergency, school officials can use the alert system to deliver a single, clear message to the students’ parents or guardians by telephone, e-mail, text, Facebook, Twitter, The Gramon Family of Schools mobile app and gramonfamily.org pop up alerts in any combination. The alert system can also be used to notify you of a school closing due to inclement weather. It’s an equally effective way to keep you informed of everyday activities, such as event times and locations as well as schedule changes.

Our alert system is internet based, allowing each family to maintain a secure, password protected online profile. You can log into your profile at any time to update your contact information. Maintaining the accuracy of your profile will increase the ability of the schools to keep you informed.

Your online profile will enable you to:

- Input your personal contact information
- Select where you would like to receive your alerts
- Update any contact information

Please return your contact information form to the school, then your log in information will be distributed to you. Once you receive your log in and password the system will ready for you to use at GRAMONFAMILY.ORG, under the Family Page in the top right and click on Alert System Login in the drop-down menu.

Once logged in please go to the upper right-hand corner and click Account > Under Delivery Address click Add > Choose how you want to be contacted > Enter information and click save.

To update: Under Delivery Address click the information to update > enter update information > click save.

If you need assistance with your profile please contact the schools at, New Beginnings 973-882-8822, Gramon School/Glenview Academy 973-808-1998. Make sure to always check your spam folder. If you do not have access to a computer, please feel free to come to the school to use our facilities.
The Gramon Family of Schools
Alert System

We need your help as we update our alert system to inform parents, guardians, faculty and staff about closings or other emergency information. A commercial service will provide this information through your telephone, cell phone, and/or email.

If your information is not already in the system, please fill out the form below and return it at your earliest convenience. If your information is already in the system, please log in and make sure that the information is up-to-date.

Please double-check to ensure that your information is accurate.

Thank you for your cooperation.

----------------------------------

PLEASE PRINT

☐ New Beginnings  ☐ Glenview Academy  ☐ Gramon School

Student’s Last Name: _____________________________  Student’s First Name: _____________________________

Parent’s Last Name: _____________________________  Parent’s First Name: _____________________________

Mail Address:

Address

City

State

Zip

Street Address: (if different)

Address

City

State

Zip

Phone - Land Line _____________________________  Phone - Cell _____________________________

Alternate Phone _____________________________  In whose name is Alt. Phone? _____________________________

cemail Address (primary): _____________________________  email Address (secondary): _____________________________

Please check one or more boxes to let us know how to contact you.

☐ Telephone Land Line - Voice Mail  ☐ Cell Phone - Text Message

☐ Alternate Phone - Voice Mail  ☐ email to primary address

☐ Cell Phone - Voice Mail  ☐ email to secondary address

Please return this form to the school at your earliest convenience.
TRANSPORTATION PROCEDURES

General Information:

- Please speak to your child about the importance of bus safety, including wearing his or her seat belt, staying seated on the bus, using appropriate language, keeping objects in the bus and keeping their hands and feet to themselves.

- Student arrivals and departures are managed by the school Bus Crew, who can be identified by their orange vests.

- All school buses are given a number placard that must be displayed in the right corner of the front window.

- Please contact the school and your child’s bus company if your child will be absent from school.

- Vehicles must be turned off while waiting on school property to drop off or pick up students.

- Ensure that we are able to contact you if there are changes in our procedures or schedules by keeping your contact information up-to-date. If there is a change in your contact information, please notify the main office as well as the classroom teacher immediately.

ARRIVAL PROCEDURES

Vehicles transporting children to the school are permitted on school grounds at 8:25 AM. Please do not arrive earlier than this time. The building doors open at 8:45 AM. Students wait on their buses or in their parent's car until this time, unless there is an emergency situation and the child must enter the building. If an emergency does arise, a transportation staff member or parent should alert a member of the Bus Crew, who will assist the student.

Early/Late Arrival Procedure:

A student who arrives before or after the specified arrival time must be accompanied by a parent/guardian or member of the transportation staff to the main office. The adult must stay with the student until a School staff member escorts the student to his or her class. Dropping off an unescorted student in the front of the school or in the main office is not permitted.

DISMISSAL PROCEDURES

Dismissal begins at 2:55 PM. Members of the Bus Crew will direct all buses and cars to a designated lane. Buses and parents may line up on school property no earlier than 2:30 PM. All students are escorted to the buses by a staff member. Because of the number of buses and parents picking up our students, dismissal takes approximately twenty minutes. The last bus leaves our lot at approximately 3:10 PM. If a bus leaves our property later than this time, parents will be notified by their classroom teacher.
There may be some rare instances when a student may not be permitted to ride the bus. These may include student illness or behavioral issues. Please keep in mind that the health, safety and welfare of the student and other students come first. Therefore, in these rare cases the student's parent/guardian or an approved designee will be contacted to pick up the student. **It is imperative that the school be provided with updated contact information for use in on the rare occasion when a parent or guardian must be called to pick up his or her child.**

**EARLY DISMISSAL PROCEDURE**

**Early Dismissal to Parent/Guardian or Approved Designee** It is expected that students will attend school each day for a full day. We do recognize that there may be times when a parent may need to pick up his or her child early, but we ask that you keep these early pick-ups to a minimum. If you need to pick up your child early, you must call or send a note in your child's communication book. When the parent/guardian or the approved designee arrives to transport the student, he/she must go directly to the main office. The parent/guardian or the approved designee must then present their identification to the receptionist/school secretary and inform them of their intention to transport the student. The school will release a student only when the parent/guardian or the approved designee displays appropriate identification to the releasing staff personnel. The parent/guardian or the approved designee must sign the student out.

**Scheduled Early Dismissals** The school has scheduled early dismissals for staff development activities at various times during the year. A school calendar that lists all planned school closings and early dismissals is sent home at the beginning of each school year. We will also send notices to parents and bus companies to remind them of an early dismissal. During a scheduled early dismissal day, the students will be dismissed starting at 1:00 PM.

**Unscheduled/Emergency Early Dismissal** Due to unforeseen weather conditions or an emergency such as a water main break, the school may determine that an early dismissal is necessary. Such decisions are made solely for the safety of the students and staff. We will make that decision as early in the school day as possible. A member of the school staff will contact the parent/guardian or the approved documented designee by telephone to inform them of the early dismissal. It is imperative that all contact numbers be updated regularly to ensure that in case of an early closing or emergency, the school will be able to communicate with a parent/guardian or the approved designee. If a member of the school staff cannot contact anyone regarding the early dismissal, we will not send that student home on his/her bus and the parent/guardian or the approved designee will then have to make arrangements to transport his or her child home.
INCLEMENT WEATHER INFORMATION

At times the school will determine that it is necessary to cancel school due to inclement weather. When such a decision is made, the school will post the cancellation notification on the school's website. In addition, parents/guardians will be contacted by phone via our automated alert system. Please contact the front office if you need to update your child's contact information. The school will also inform all bus companies of the cancellation and will post the message, on school’s Facebook page, website, News 12 and, on the school’s phone, New Beginnings (973) 882 - 8822, Gramon Schools/Glenview Academy (973) 808-1998.

Due to the growing number of buses that enter and exit our facility each day, the following guidelines must be followed in order to keep your children safe.

1. If you drop off or pick up your child, please pull up to the front of the building and wait for a Gramon Family of Schools staff member to assist your child to and from the car.

2. Please contact Gramon School/Glenview Academy/New Beginnings, and your child’s bus company if your child is going to be absent.

3. If you decide to drive your child into school in the morning, please let your classroom teacher know if he/she will be taking the bus home. In addition, your bus company will need to be notified prior to pick up.

4. Please keep in mind that dismissal starts at 2:55 PM sharp and can take up to twenty minutes. There are approximately 60 buses that arrive in a different order each day. This means that your child may not be home at the same time every day.

Each school has an assigned transportation coordinator to assist you with any specific questions you may have. You may contact them directly by calling the school’s main number.

New Beginnings – 973-882-8822
Gramon/ Glenview – 973-808-9555
INTRODUCTION:

The Gramon Family of Schools recognizes that access to technology in school gives students great opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping students develop 21st Century technology and communication skills. To that end, we provide access to technologies for student and staff use.

These guidelines outline the behaviors that students are expected to follow when using technologies in school or when using devices, including but not limited to computers & iPads.

- The Gramon Family of Schools wireless network is intended for educational purposes.
- All activity over the network or using school technologies will be monitored and retained. Access to online content via the network is restricted in accordance with our policies and federal regulations, such as the Children’s Internet Protection Act (CIPA).
- Misuse of school resources can result in disciplinary action. The Gramon Family of Schools makes a reasonable effort to ensure students’ safety and security online, but will not be held accountable for any harm or damages that result from use of school safety or security.
- Users of the GFS Network or other technologies are expected to alert school faculty or administration immediately of any concerns for safety or security.

WEB ACCESS:

The Gramon Family of Schools provides students with access to the Internet, including web sites, resources, content, and online tools. That access will be restricted in compliance with CIPA.

LIMITATION OF LIABILITY:

The Gramon Family of Schools will not be responsible for damage, harm or theft to personally-owned or district-owned technology devices.

While the Gramon Family of Schools employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness.

The Gramon Family of Schools will not be responsible, financially or otherwise, for unauthorized transactions conducted over the school network.

VIOLATIONS OF THE GUIDELINES:

Violations of these guidelines may have disciplinary repercussions, including but not limited to:

- Suspension of network, technology, or computer privileges.
- Loss of device use for a determined period of time (student still responsible for all required work).
- Notification of parents/guardians
- Detention or suspension from school and school-related activities.
- Legal action and/or prosecution.
TECHNOLOGY ACCEPTABLE USE GUIDELINES

We are pleased to offer students access to our Internet. To gain access to the Internet, all students must have parental/guardian permission. A permission form appears on the right side of the folder. If a parent/guardian prefers that his/her child not have Internet access, use of technology will still be possible for educational and therapeutic purposes.

What is possible?

Access to the internet will enable students to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purposes of the school are to use Internet resources for constructive educational goals, students may find ways to access other materials. We believe that the benefits to students from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources.Therefore, we support and respect each family's right to decide whether or not to apply for access.\n
What is expected?

Students are responsible for appropriate behavior on the school's computer network just as they are in a classroom or on a school playground. Communications on the network are often public in nature. General school rules for behavior and communications apply. It is expected that users will comply with our standards and the specific rules listed below. The use of the network is a privilege, not a right, and may be revoked at any time. The user is personally responsible for his/her actions in accessing and utilizing the school's computer resources. The students are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

Inappropriate materials or language -- No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of school behavior. A good rule to follow is never view, send, or access materials which you would not want your teachers and parents to see. Should students encounter such material by accident, they should report it to their teacher immediately.
TECHNOLOGY ACCEPTABLE USE GUIDELINES

These are guidelines to follow to prevent the loss of network privileges.

1. Do not use technology to harm other people or their work.
2. Do not damage technology or the network in any way.
3. Do not install illegal software, shareware, or freeware.
4. Do not violate copyright laws.
5. Do not view, send, or display offensive messages, videos or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in another’s folders, work, or files.
9. Notify admin immediately, if by accident, you encounter materials which violate the guidelines of appropriate use.
10. Be prepared to be held accountable for your actions and for the loss of privileges if the rules of appropriate use are violated.
Animal Assisted Activities
The Gramon Family of Schools will be participating in Animal Assisted Activities. Trained dogs and volunteers will be coming to the school to work with our students. If given permission to partake in these sessions, your child will be in contact with the dog (e.g., petting, brushing, playing fetch, etc.). Please indicate how you would like us to proceed regarding your child’s participation in Animal Assisted Activities. This will remain for the duration of time that your child is enrolled at The Gramon Family of Schools.

Cell Phone Use Permission
This notice provides information concerning students’ use of cell phones at the school. Please review this information with your child. During the school day we will facilitate communication between you and your child through our phone system. We do, however, understand that it may be necessary for you to communicate with your child before and after school, so we have put in place a cell phone policy and procedure that will make it possible for you to do so.
Students may bring personal cell phones to school only if they have written permission to do so from their parent or guardian. Phones brought to school without such permission will be confiscated and will be returned only to a parent/guardian, not to the student.
Students who have permission to bring a cell phone to school may not use the phone during the school day. Any violation of this policy will result in the cell phone being confiscated. The student’s parent/guardian must pick up the phone; the student’s privilege of bringing a cell phone to school can be suspended and/or revoked. The school assumes no responsibility for the safety or functionality of any personal phones brought to school property. This will remain for the duration of time that your child is enrolled at The Gramon Family of Schools.

Field Trips and School Activity Permission
I hereby give permission for my child to take part in any and all activities that may take place during normal school hours, at any time during the entire school year, under the supervision of school staff. I specifically agree and understand that I am extending permission to the following:
Any and all trips, excursions and outings intended to take place during normal school hours, travel by transportation that may include school vehicle, chartered buses or public transportation, or walking by my child, the trips or activities may include educational, social or recreational activities, or involve other events or locations of interest; and when needed in an emergency situation, for members of the school staff to obtain appropriate and indicated medical services and care for my child. This will remain for the duration of time that your child is enrolled at The Gramon Family of Schools.

Media Release Permission
I agree and give my consent that the Gramon Family of Schools, may use any videotape, photograph or sound recordings of my child that may be taken during the current school year. This consent is given without limitations and with the knowledge that these photographs and videos may appear, in the school's marketing publications (yearbook, end of the year celebrations, school website, school social media etc...) and/or in school literature (brochures, flyers, pamphlets), that may be distributed beyond the immediate school community. This will remain for the duration of time that your child is enrolled at The Gramon Family of Schools.
Each year The Gramon Family of Schools must formally notify all parents/guardians about the behavior intervention procedures used in our program. These procedures based in applied behavior analysis, may include the use of different reinforcement, token economy systems, functional communication training, and other positive behavioral supports.

The staff at The Gramon Family of Schools are trained in Crisis Prevention Intervention, Handle with Care, and/or Safety Care. At times, the staff may need to employ assisted transport and/or therapeutic holds and assisted transport for students in crisis. It is our policy to notify all parents if their child requires any therapeutic holds.

If you are unfamiliar with any of our behavioral intervention procedures, please contact your classroom teacher or contact our school behaviorists for further explanation.

The mission of the Gramon Family of Schools is to provide learning opportunities that enable each child to develop academically, socially, emotionally, and behaviorally. We accomplish this goal in a structured, positive, and caring environment. Each child receives the special care, attention, and support that he or she requires throughout the school day.

The staff at the Gramon Family of Schools employs behavior intervention procedures that address socially significant behaviors to improve each student’s quality of life to a meaningful degree. Individualized teaching strategies address inappropriate behaviors by replacing them with socially acceptable behaviors that serve the same function. Positive behavior interventions and supports that reinforce appropriate behaviors are consistently implemented throughout the school day. Please see below for an overview of the behavior support techniques and procedures utilized in our programs.

**Applied Behavior Analysis**

Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree and to demonstrate that the interventions used are responsible for the improvement in behavior. Data collection on student performance and/or behavior reduction provides the team with continuous, useful, and objective assessments of progress and the functional or communicative meaning of the behavior. With this data, team members are able to determine the effectiveness of current teaching techniques as well as to design future goals for individual students.
Reinforcement of Appropriate Behavior

During the school day, appropriate behavior may be rewarded through the use of verbal praise and social attention, such as smiles and high fives. For many students, the use of tangible and/or edible rewards is necessary in order to increase the frequency of appropriate behavior. Parents/Guardians are asked to complete reinforcement inventories at the beginning of each school year, and these inventories are updated at least once during a school year. Such information helps staff to determine what motivates each individual child.

Special Applications of Behavior Change

In any given classroom, one may observe the use of special applications or behavior change procedures, such as token economy systems, contingency contracts, and self-management procedures. Each of these behavior management tools are implemented on an individual basis and include specifically defined behaviors targeted for reduction. Through the use of special applications, students learn to gain access to rewards by replacing inappropriate behaviors with socially acceptable, appropriate behaviors.

Individualized Behavior Intervention Plans

Behavior intervention plans are utilized with students on an individualized basis. If a student’s team determines that an individual plan is necessary, components of these plans are developed through data collection and analysis. All plans include a definition of the behavior targeted for reduction, data analysis (including baseline and treatment data), and a functional assessment of the behavior based on the data collected within baseline and treatment phases of a plan. In addition, these plans include a teaching component, proposed treatments, and specific strategies or techniques utilized upon the occurrence of the target behavior. Behavior intervention plans are a component of the student’s Individualized Education Plan (IEP) and are shared with all members of a child’s team, including teachers, therapists, families, and the sending district’s Child Study Team members.

Non-Violent Crisis Intervention (CPI), Handle With Care, and Safety Care

All staff at the Gramon Family of Schools are trained in Non-Violent Crisis Intervention (CPI), Safety Care and/or Handle with Care Techniques. At times, staff may need to employ assisted transports or therapeutic holds for students deemed to be in crisis. Parents/Guardians are made aware of the potential need for such techniques, and these techniques may be included in a student’s behavior intervention plan. It is the policy of the Gramon Family of Schools to notify parent/guardian by phone within 24 hours if their child requires the use of a therapeutic hold. It should be noted that these techniques are only utilized as a last resort when a student present a danger to themselves or others. Written documentation of the use of a therapeutic hold will be sent to the parent/guardian within 48 hours.
I acknowledge that I have read and understand the Gramon Family of Schools Behavior Intervention Procedures.

Parent/Guardian Signature: ________________________________

Student Name: ________________________________________

Date: __________________
HEALTH GUIDELINES

Because many illnesses are spread directly from person to person, limiting the time children spend with those who are ill can help to keep them healthy. Of course, in a family or school setting, interpersonal contact is unavoidable. Please keep these guidelines in a safe place and refer to them if your child becomes ill.

In addition, if your child develops any of these symptoms during the school day, he/she will be sent home, and should not return to school for at least 24 hours.

**Do not send your child to school if your child has any of the following symptoms/illnesses:**

1. a temperature over 100 degrees and for 24 hours thereafter
2. a cold with frequent coughing and nose blowing
3. vomiting or diarrhea within the past 24 hours
4. pus or drainage from his or her eyes, or if the white of the eyes are reddened or bloodshot
5. strep throat (The student may return to school 24 hours after treatment begins)
6. contagious skin rashes
7. flu or virus infection
8. a contagious disease, such as chicken pox, infectious mono, conjunctivitis (students may return to school only with a doctor’s written permission), or if
9. he/she has been seen in a hospital emergency room; a copy of the ER discharge form should be brought to the school

Please remember that you should notify the school when your child will be absent; if the reason is a medical one, please make the nurse aware of the reason for his/her absence.

By following these measures, we will **have a healthier school population and students will not miss valuable instructional time.**
Required Annual Student Medical Update       School Year: __________

Student Name:__________________________________________________ Birth Date:________________________

Address: ___________________________________ City:_______________________ Zip:________________

Parent/Guardian Name: ______________________________________     Home Phone #: (____)___________________

Cell Phone#: (____)__________________ Alternate Phone#: (____)___________________

Alternate Emergency Contact:
Name:________________________________________________ Phone #: (____)___________________ Please list any medical conditions of the student (asthma, diabetes, epilepsy/seizures, recent surgery etc.):
__________________________________________________________________________________________________

Please list any allergies or allergic reactions to food / insects / environment / medications:
__________________________________________________________________________________________________

Please list any medications the student is currently taking at home or in school:
Medication                  Dose              Time of Administration (when & how often)
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please list any over the counter medications, supplements, essential oils, or homeopathic remedies the student is taking:
__________________________________________________________________________________________________

Please check if the student has any of the following:

____ Asthma Inhaler       ____Nebulizer       ____Epinephrine Auto Injector       ____Diastat       ____Vagus Nerve Stimulator
____ Wears Glasses       Time/Activity glasses are to be worn:________________________________________________
____Wears Hearing Aids       ____Right       ____Left:      Brand:_____________________      Model #:__________________
____Medical Alert Bracelet       Diagnosis/Condition/Issuer:_________________________________________________
____Elopement Tracking Bracelet      ID#_________      County:_______________     Issuer Phone#:__________________

Please list the medical insurance information for the student in the unlikely event of an emergency:

Name of Insurance:___________________________      Policy #:_______________      Group #:_____________________

Name of Insured:_____________________________ Insured Date of Birth:_________      Plan type:_______________

*Please attach a photocopy of the front and back of your insurance card*

Physician/Clinic Name: ___________________________________________    Phone #:(____)___________________

Address: __________________________________________________        Date of student’s last physical:____________
Student Health Information Authorization

Students Name (please print):________________________________________    Birth Date:_________________  

In order to provide the best possible educational experience for the student, it may be appropriate for school staff members to exchange information with others who are familiar with your child’s medical and social history. If you permit such exchanges, please complete the form below.

Physician/Clinic: Name: _________________________________      Phone #: (____)________________________  
Address: _______________________________      City/State/Zip: _________________________  

Psychiatrist: Name: _________________________________     Phone #: (____)________________________  
Address: _______________________________      City/State/Zip: _________________________  

Therapist: Name: _________________________________      Phone #: (____)________________________  
Address: _______________________________      City/State/Zip: _________________________  

Neurologist: Name: _________________________________      Phone #: (____)________________________  
Address: _______________________________      City/State/Zip: _________________________  

Other: Name: _________________________________      Phone #: (____)________________________  
Address: _______________________________      City/State/Zip: _________________________  

_____ I authorize members of the school staff to exchange information regarding the above named student with the individuals listed above.

_____ I do not authorize such exchanges.

Parent/Guardian Signature:__________________________________________ Date:_____________________

Release of Medical Information Consent

In order to provide the best possible educational experience for the student, it may be appropriate for the school nurse to disclose information from the above named student’s health record (such as medical conditions, medications, allergies, etc.) to school employees and consultants who are directly involved in the education of the student. This information would only be shared on a need to know basis to benefit the student, as determined by the school nurse. Please indicate if you permit the release of the student’s medical information as described above.

_____ I authorize the school nurse to disclose information from the above named student’s health record to school employees and consultants who work directly with the student.

_____ I do not authorize the school nurse to disclose information from the above named student’s health record to school employees and consultants who work directly with the student.

Parent/Guardian Signature: __________________________________________ Date: _____________________
### SECTION I - TO BE COMPLETED BY PARENT(S)

<table>
<thead>
<tr>
<th>Child’s Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
<th>Does Child Have Health Insurance?</th>
<th>If Yes, Name of Child’s Health Insurance Carrier</th>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does Child Have Health Insurance?  
If Yes, Name of Child’s Health Insurance Carrier

Parent/Guardian Name
Home Telephone Number
Work Telephone/Cell Phone Number

I give my consent for my child’s Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date

This form may be released to WIC.

Yes  
No

### SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:  
Results of physical examination normal?  
Yes  
No

Abnormalities Noted:  
Weight (must be taken within 30 days for WIC)  
Height (must be taken within 30 days for WIC)  
Head Circumference (if <2 Years)  
Blood Pressure (if ≥3 Years)

IMMUNIZATIONS

- Immunization Record Attached
- Date Next Immunization Due: ___

MEDICAL CONDITIONS

- Chronic Medical Conditions/Related Surgeries
  - List medical conditions/ongoing surgical concerns:
  - None  
  - Special Care Plan Attached
  - Comments

- Medications/Treatments
  - List medications/treatments:
  - None  
  - Special Care Plan Attached
  - Comments

- Limitations to Physical Activity
  - List limitations/special considerations:
  - None  
  - Special Care Plan Attached
  - Comments

- Special Equipment Needs
  - List items necessary for daily activities:
  - None  
  - Special Care Plan Attached
  - Comments

- Allergies/Sensitivities
  - List allergies:
  - None  
  - Special Care Plan Attached
  - Comments

- Special Diet/Vitamin & Mineral Supplements
  - List dietary specifications:
  - None  
  - Special Care Plan Attached
  - Comments

- Behavioral Issues/Mental Health Diagnosis
  - List behavioral/mental health issues/concerns:
  - None  
  - Special Care Plan Attached
  - Comments

- Emergency Plans
  - List emergency plan that might be needed and the signs/symptoms to watch for:
  - None  
  - Special Care Plan Attached
  - Comments

PREVENTIVE HEALTH SCREENINGS

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td>Hearing</td>
<td></td>
<td>Vision</td>
<td>Dental</td>
<td>Developmental</td>
</tr>
<tr>
<td>Lead: Capillary</td>
<td>Venous</td>
<td></td>
<td>Vision</td>
<td>Dental</td>
<td>Developmental</td>
</tr>
<tr>
<td>TB (mm of Induration)</td>
<td></td>
<td></td>
<td>Vision</td>
<td>Dental</td>
<td>Developmental</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td>Vision</td>
<td>Dental</td>
<td>Developmental</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td>Vision</td>
<td>Dental</td>
<td>Developmental</td>
</tr>
</tbody>
</table>

I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.

Name of Health Care Provider (Print)  
Health Care Provider Stamp:

Signature/Date
Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breastfeeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - Weight - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - Height - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - Head Circumference - Only enter if the child is less than 2 years.
   - Blood Pressure - Only enter if the child is 3 years or older.

2. Immunization - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid:
   - “Date next immunization is due” is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.

3. Medical Conditions - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at [www.nj.gov/health/forms/ch-15.dot](http://www.nj.gov/health/forms/ch-15.dot) or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. Medications - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

   c. Limitations to physical activity - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

   d. Special Equipment – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

   e. Allergies/Sensitivities - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

   f. Special Diets - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

   g. Behavioral/Mental Health issues – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

   h. Emergency Plans - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. Screening - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.
Stock Medication

Student Name: ___________________________ Birth Date: ___________________________ Teacher: ___________________________

Dear Parent/Guardian,

As a courtesy to our families, we will now stock the following medications at school:

1. Children’s Benadryl: (liquid) Order Attached ☐
   Diphenhydramine HCL 12.5/5ml oral solution antihistamine (Cherry flavored-Not Dye Free)

2. Children’s Advil: (liquid suspension) Order Attached ☐
   Ibuprofen Fever Reducer/Pain Reliever (NSAID) 100mg per 5ml (Grape or Cherry-Berry Flavored)

3. Children’s Tylenol: (liquid suspension) Order Attached ☐
   Acetaminophen Pain Reliever-Fever Reducer 160mg per 5ml (Grape or Cherry Flavored)

4. Advil: (Tablets or Liqui-Gels) Order Attached ☐
   Ibuprofen Pain Reliever/Fever Reducer 200mg

5. Tylenol: (Tablets) Order Attached ☐
   Acetaminophen Pain Reliever-Fever Reducer 325mg

If your pediatrician prescribes these medications for your child, you are no longer required to send a supply of these medications to school unless your child requires dye free Benadryl, or Advil/Tylenol in chewable form or in a flavor preferred by your child.

Kindly return this form so that the nurse can administer the above mentioned stock medications to your child, provided the school has a completed order from your doctor.

I _____________________________, give my child _____________________________,

(Parent/Guardian Name Printed) (Students Name Printed)

permission for the above mentioned stock medications to be administered to my child by the school nurse.

I understand that a current doctor’s order must be kept on file at the school for the current ESY/RSY School Year.

Parent/Guardian Signature: _____________________________ Date: ___________________________
MEDICATION CONSENT FORM

If during the school year it is necessary for your child to receive medication while he/she is at school, you will need to adhere to the regulations outlined below.

- If your child is to receive ANY medication during the school day your child's physician must complete the form below.

  This includes:
  - All prescription medications, (for example: Ritalin, Clonidine, Tegretol, EpiPen, etc.)
  - Any asthma medications, including inhalers and nebulizers.
  - Any medications required for a brief period of time, such as antibiotics, allergy medication, etc.
  - Any over-the-counter medications to be given on an as needed basis throughout the school year, such as Tylenol, Advil, Benadryl, cough medicine, eye drops, etc.

- All medication must be sent to the school in the original container with the appropriate label attached.
  **If the medication is not properly labeled it will NOT be given.**

- The parent/guardian and physician must sign this form, granting the school nurse permission to administer medication to the child during the school day.

**Absolutely NO medication will be given if this form is not completed.**

---

Student's Name: ___________________________________________________ Birth Date: ______________

I hereby request that the following medication be administered by the school nurse, to the student named above.

Name of Medication: ________________________________________________ Dosage: _______mg______

Time/Circumstances of administration ______________________________________________________________

Diagnosis/Purpose: _____________________________________________________________________________

Length of treatment: From _________________________________ To _________________________________

Possible Side Effects __________________________________________________________________________

Special Instructions ____________________________________________________________________________

In the event that the morning dose of this medication is forgotten, may this dose be administered at school after verifying this with the parent? _____Yes _____No

Please list the dose if it is different from that noted above__________________________________________

May medication be given later than the prescribed time in the event that the student is out on a field trip?

_____Yes _____ No Please list the latest time the prescribed dose can be given_______________________

Parent/Guardian – Please initial one of the following if applicable:

On days when the student is dismissed early, the medication due at 1:00p.m. or later will:

_____ Be administered at school prior to dismissal.

_____ Be administered by the parent/guardian at home.

---

Physician’s Signature                            Address                            Date

Parent/Guardian Signature                         Date
MEDICATION CONSENT FORM

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  - Any medications required for a brief period of time, such as antibiotics, allergy medication, etc.
  - **Any over-the-counter medications** to be given on an *as needed* basis throughout the school year, such as Tylenol, Advil, cough medicine, eye drops, etc.
- All medication must be sent to the school in the **original container** with the appropriate label attached. **If the medication is not properly labeled it will NOT be given.**
- The parent/guardian and physician must sign this form, granting the school nurse permission to administer medication to the child during the school day.

**Absolutely NO medication will be given if this form is not completed.**

__________________________  ___________________  __________________
Student's Name: __________________________  Birth Date: ___________________

I hereby request that the following medication be administered by the school nurse, to the student named above.

Name of Medication: __________________________  Dosage: __________ mg

Time/Circumstances of administration __________________________________________________________

Diagnosis/Purpose: __________________________________________________________

Length of treatment: From __________________________ To __________________________

Possible Side Effects __________________________________________________________

Special Instructions __________________________________________________________

In the event that the morning dose of this medication is forgotten, may this dose be administered at school after verifying this with the parent? ____Yes ____No

Please list the dose if it is different from that noted above __________________________________________

May medication be given later than the prescribed time in the event that the student is out on a field trip?

____Yes ____No Please list the latest time the prescribed dose can be given________________

Parent/Guardian – Please initial one of the following if applicable:

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__________________________ __________________________  ________________
Physician’s Signature  Address  Date

__________________________  ________________
Parent/Guardian Signature  Date
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**Absolutely NO medication will be given if this form is not completed.**

---

**Student's Name:** ________________________________________________

**Birth Date:** ____________________

I hereby request that the following medication be administered by the school nurse, to the student named above.

**Name of Medication:** ____________ **IBUPROFEN**

**Dosage:** ______mg_______

**Time/Circumstances of administration**

**Diagnosis/Purpose:** ____________________________________________

**Length of treatment:** From ___________________________ To ________________________________

**Possible Side Effects**

**Special Instructions**

In the event that the morning dose of this medication is forgotten, may this dose be administered at school after verifying this with the parent?  __Yes  ____ No

Please list the dose if it is different from that noted above

May medication be given later than the prescribed time in the event that the student is out on a field trip?

  ____ Yes  ____ No  Please list the latest time the prescribed dose can be given

Parent/Guardian – Please initial one of the following if applicable:

On days when the student is dismissed early, the medication due at 1:00p.m. or later will:

  _____ Be administered at school prior to dismissal.

  _____ Be administered by the parent/guardian at home.

---

**Physician’s Signature**

**Address**

**Date**

---

**Parent/Guardian Signature**

**Date**
MEDICATION CONSENT FORM

If during the school year it is necessary for your child to receive medication while he/she is at school, you will need to adhere to the regulations outlined below.

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  - Any medications required for a brief period of time, such as antibiotics, allergy medication, etc.
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• All medication must be sent to the school in the original container with the appropriate label attached.

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• The parent/guardian and physician must sign this form, granting the school nurse permission to administer medication to the child during the school day.

Absolutely NO medication will be given if this form is not completed.

____________________________________________________________________________________

Student's Name: ___________________________________________________ Birth Date: __________________

I hereby request that the following medication be administered by the school nurse, to the student named above.

Name of Medication: _________ BENADRYL __________________________ Dosage: ________mg_____

Time/Circumstances of administration___________________________________________________________

Diagnosis/Purpose: _________________________________________________________________________

Length of treatment: From _________________________________ To _______________________________

Possible Side Effects _________________________________________________________________________

Special Instructions _________________________________________________________________________

In the event that the morning dose of this medication is forgotten, may this dose be administered at school after verifying this with the parent? _____Yes _____No

Please list the dose if it is different from that noted above_______________________________________

May medication be given later than the prescribed time in the event that the student is out on a field trip?

    ______Yes ______ No  Please list the latest time the prescribed dose can be given_______________

Parent/Guardian – Please initial one of the following if applicable:

On days where the student is dismissed early, the medication due at 1:00p.m. or later will:

    _____ Be administered at school prior to dismissal.
    _____ Be administered by the parent/guardian at home.

____________________________________________________________________________________

Physician’s Signature ___________________________ Address ___________________________ Date

____________________________________________________________________________________

Parent/Guardian Signature __________________________________________________ Date