

PARK RIDGE PUBLIC SCHOOLS

85 Pascack Road
Park Ridge, NJ 07656

Phone: 201-573-6000

**New Student Registration
Student Health Information Release Form**

Parents/Guardians: If your child has a history of allergies, takes medication, wears eyeglasses/contacts or has any health related concerns, it is important to give that information to the school nurse. The Family Education Rights and Privacy Act (FERPA) has issued regulations which require public schools to obtain written consent to disclose medical information. All information will be held in the confidence by the school nurses and will be shared only with other school professionals as necessary. If you have any concerns or question, please do not hesitate to contact the school health office.

Student Name: _____ Date of Birth: _____
Home Phone: _____ Emergency Contact Phone: _____
School: _____ Teacher: _____ Grade: _____

Check one (if yes, please specify):			
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	 <i>(If an EpiPen injection is necessary, a "permission to dispense" form must be submitted every school year.)</i>
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	 <i>(If an inhaler is necessary, a "permission to dispense" form must be submitted every school year.)</i>
Hearing Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vision Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Other:
Seizure Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Orthopedic Difficulties/Walking Aides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications <i>(list condition and dosage)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ _____

Other pertinent information (including hospitalizations within the last year):

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian Name (please print) Parent/Guardian Signature Date