MONTGOMERY TOWNSHIP SCHOOLS
Skillman, New Jersey

SCHOOL HEALTH SERVICES

Student's Name: _____   Date of Birth: _____
                    (Please print)

                                                         Gender: Male / Female (circle one)

My child previously attended a Montgomery Twp. School   Yes / No   (circle one)

If yes, circle last school attended   OHES   VES   LMS   UMS   MHS

HEALTH HISTORY

Has Your Child Had:	NO	YES	YEAR
Chicken Pox			
Heart Problems			
Kidney Problems			
Bladder Problems			
Asthma			
Bronchitis			
Strep Infection			
Mononucleosis			
Diabetes			
Convulsions			
Hepatitis			
Rheumatic Fever			
Pneumonia			

Does Your Child Have:	YES/TYPE	NO
Congenital Defects		
Drug Sensitivities		
Neuromuscular Disease		
Speech Problems		
Vision Problems		
Eyeglasses		
Hearing Problems		

Has your child had:	If yes, description and date.
Any severe injury?	
Any operations?	

Initial the statement that applies to your child:

_____My child does **not** have a life-threatening allergy requiring the use of epinephrine.

_____My child has a life-threatening allergy requiring the use of epinephrine. **Please complete the Life-Threatening Allergy Questionnaire on the following page.***

Parent/Guardian Signature:_____Date:_____

Revised 3/22/2016

Life-Threatening Allergy/ Asthma Questionnaire*
Grades Preschool - 4

This form should be completed ONLY if your child has a Life-threatening Allergy

Student's Name: _____ For School Year: _____

Date of Birth: _____ My Child will be in the following grade during the School Year listed above: _____

1. List all known **<u>life-threatening</u>** allergens (food and non-food):

_____

2. Has your child ever received a shot of epinephrine for an episode of anaphylaxis to any of the allergens listed above?

☐ Yes   ☐ No

2a. f yes, briefly describe symptoms: _____

3. Does your child have a prescribed epinephrine auto-injector?   ☐ Yes*   ☐ No
   *A health care provider completed Montgomery Township School District Allergy Action Plan is required if your child has a life-threatening allergy indicating the use of epinephrine in school. The MTSD Allergy Action Plan and other forms can be obtained through your child's school nurse. This form must be renewed every school year.

4. Will your child carry an epinephrine auto-injector in their backpack during school?   ☐ Yes*   ☐ No
   *Written authorization for your child to carry an epinephrine auto-injector is required from a health care provider-refer to top section on back page of MTSD Allergy Action Plan.

5. Regarding lunch (complete questions 5 & 6 only if entering grades 1-4, not applicable for students entering Pre-K and K):

   ☐ My child may purchase school-prepared lunch-
      School and cafeteria staff will not make any determination of food safety as related to life-threatening allergens. Parents should review the Chartwell menu in advance of student's purchase. Please refer to the OHES or VES websites under 'Lunch Menu" selection for more information.

   ☐ My child is not allowed to purchase school-prepared lunch-
      Parent will provide daily lunch from home

6. During lunch, my child must sit at: (check only one)

   ☐ No seating restriction required

   ☐ Peanut-free table*   ☐ Liquid dairy-free table*   ☐ Peanut & liquid dairy-free table*

   *<u>Only</u> students with a completed Allergy Action Plan for the current school year are allowed to sit at the peanut & liquid dairy-free tables. There will be no exceptions made. The lunchroom aides will have a list of students with life-threatening allergies and will be monitoring the tables for compliance.

7. Does your child have asthma?   ☐ Yes   ☐ No   **7a**. Will you provide an inhaler to keep at school? ☐ Yes*   ☐ No
   * As per: N.J.S.A. 18A:40-12.8, a health care provider completed NJ Asthma Treatment Plan is required if your child uses an inhaler during school, even if they are <u>not</u> diagnosed with asthma. See school nurse for this form.

Parent/Guardian Signature: _____**Date:** _____

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The following to be completed by School Nurse:
1. Epinephrine provided: ☐ Yes ☐ No **2. AAP provided:** ☐ Yes ☐ No   **3. IHP completed:** ☐ Yes ☐ No
4. IHP signed by parent: ☐ Yes ☐ No **5. Transportation notified:** ☐ Yes ☐ No **6. Genesis updated:** ☐ Yes ☐ No
Notes:

_____

_____