



**Saint James
Elementary School**

30 Peters Place
Red Bank, NJ 07701

School Nurse
Mrs. Marie Lehmann

Office Hours:
Monday-Friday 7:30 am to 3:00pm
(732) 741-3363

Health & Emergency Form

Student Information

Student's Name: _____ Grade: _____ Homeroom: _____
 Address: _____ Physician's Name: _____
 City: _____ Physician's Phone No.: _____
 State and Zip Code: _____ Dentist's Name: _____
 Home Phone No. _____ Dentist's Phone No.: _____
 Date of Last Dental Exam: _____

Date of Birth: _____ Sex: Male Female

Emergency Contact Information

Mother's Name:	Father's Name:
Business Phone:	Business Phone:
Cell Phone:	Cell Phone:
Email Address 1:	Email Address 1:
Email Address 2:	Email Address 2:

Please list the names and telephone numbers of two adults who you authorize the school nurse to call in case of an emergency. Your child will be released to one of the following if we are unable to reach you.

1. Name:	Phone No.:	Cell Phone No.:
2. Name	Phone No.:	Cell Phone No.:

Health Information

Please check all that apply:

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Measles	<input type="checkbox"/> Emotional Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Strep	<input type="checkbox"/> German Measles	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Allergy Type:			<input type="checkbox"/> Other:	

LIST ANY SEVERE INJURIES, OPERATIONS, PHYSICAL HANDICAPS AND EXPLAIN: _____

LIST ANY MEDICATIONS CURRENTLY OR OFTEN TAKEN BY STUDENT AND EXPLAIN: _____

Health information will be shared with school personnel on a "Need to know" basis.

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

THIS FORM MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH SCHOOL YEAR.