

## Welcome...Health Requirements

Welcome to the Clayton Public School District. To keep your child safe and healthy, and according to the State of NJ and Dept. of Health & Education, please note the following health information is **MANDATORY AND REQUIRED BY LAW**, as all students must have up-to-date health information on file at school. If your child is starting school in September, please fill out all required forms and return by the onset of the new school year. Thank you.

- \* **Immunization Record**- Immunizations must be up-to-date based on age (see requirement sheet on website).
- \* **Physical Examination**- Must be recent, *within one year*, and signed & stamped by your child's Healthcare Provider. If your child plans to play a sport, they must get a pre-participation **Sports Physical** done **before the sport begins**. You may obtain pre-participation Sports Physical packets from the High School office & Middle School office. **NO OTHER FORM** is acceptable for school sports!
- \* **Health History Form:**
  - ❖ **Parent/Guardian Section**- This portion of the Health History Form is to be completed by the parent/guardian to help the school understand your child and to meet the needs that he/she may have.
    - **Emergency Contacts**- #1 Parent/Guardian contact, #2 & #3 Back-up contacts.
    - **Over-the-Counter**- Includes a check box to administer medication for minor discomforts. If your child is not allergic to the medications listed on the Health History Form, we recommend checking all boxes so we can keep students in school and as comfortable as possible. Please be advised that *no calls will be made home to obtain verbal consent to administer Over-the-Counter Medications!* **If you check this box, you do not have to fill out the separate Over-the-Counter form.**
  - ❖ **Healthcare Provider Section**- This portion of the Health History Form must be completed by your child's Healthcare Provider.
    - **Medication Administration & Treatment Plans** (e.g. diabetic management, etc.)- IF your child needs or might need medication during the school day, your child's Healthcare Provider must complete this section.
    - **Allergy Action Plan**- IF your child needs or might need allergy medication during the school day, your child's Healthcare Provider must fill out an Allergy Action Plan.
    - **Asthma Action Plan**- IF your child needs or might need asthma medication during the school day, your child's Healthcare Provider must fill out an Asthma Action Plan.
    - **Seizure Action Plan**- IF your child needs or might need seizure medication during the school day, your child's Healthcare Provider must fill out a Seizure Action Plan.

**"Action Plans" can be found on the School's Website or in the School Nurse's Office!**

We look forward to meeting your children and having a healthy and prosperous school year. If you have any questions or concerns, do not hesitate to contact us.

Healthy Regards,  
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\*Updated 7/20/17