

*Cranbury Township School District*

## **Cranbury School**

*“A National Blue Ribbon School of Excellence”*

23 North Main Street Cranbury, NJ 08512

Main Office: 609/395-1700 Nurse Fax: 609/860-8563

Web Site – [www.Cranburyschool.org](http://www.Cranburyschool.org)

### **MEDICAL REGISTRATION CHECKLIST**

School year: \_\_\_\_\_

Student's name: \_\_\_\_\_

Student's previous school name: \_\_\_\_\_

\_\_\_\_\_ USA: Address/phone number: \_\_\_\_\_

\_\_\_\_\_ Other country name: \_\_\_\_\_

My child has:

\_\_\_\_\_ No medical problems

\_\_\_\_\_ Allergy to medication \_\_\_\_\_

\_\_\_\_\_ Wears glasses at school

\_\_\_\_\_ Wears hearing aid at school

\_\_\_\_\_ Toileting accidents (urine or stool)

**The following conditions require and Emergency Action Plan prior to admission at school. Please see the school nurses and visit the school website [www.cranburyschool.org](http://www.cranburyschool.org) to download the forms. Click on *health information and forms***

\_\_\_\_\_ **Allergy to Food/Insects** (Circle all that apply)

Bees

Peanuts

Eggs

Tree Nuts

Milk

Soy

Fish

Wheat

Shellfish

Seeds\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_ **Asthma**

\_\_\_\_\_ **Diabetes**

\_\_\_\_\_ **Epilepsy/Seizures**

\_\_\_\_\_ **Heart Defect/Disorder affecting activity**\_\_\_\_\_

\_\_\_\_\_ **Other**\_\_\_\_\_

Non-emergency conditions:

Other medical/behavioral/emotional/social problems: \_\_\_\_\_

ALL paper work must be returned directly to the Health Office directly due to HIPAA privacy regulations. Please place the forms in a sealed envelope in the Main office or mail the forms directly to us at the address above, labeled with SCHOOL NURSE or Mrs. Gerberich, RN or Mrs. Moshinsky, RN. You can reach us at 609-395-1700 ext 238 or 239

Thank you for your cooperation,

Mrs. Gerberich, RN, CSN

Mrs. Moshinsky, RN, CSN

06/09

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