



Hampton Township School District

Marian Emmons McKeown Elementary School

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Newton, New Jersey 07860-6733

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Kerry K. Murphy
*Board Secretary/
Business Administrator*

Dominic Festante
Principal

Everett C. Burns
*Chief School
Administrator*

STUDENT HEALTH UPDATE 2011-2012

NAME _____ DATE OF BIRTH _____ GRADE _____

In order to best serve the health needs of your child, we request your assistance in completing this questionnaire.

YES/NO Currently receiving medications: (please list) _____

YES/NO Recent operations, injuries or illnesses _____

YES/NO Allergies _____

Type of reaction/treatment: _____

YES/NO Other medical condition(s) of which the school should be aware: _____

YES/NO I GIVE PERMISSION FOR THE SCHOOL NURSE TO SHARE THIS INFORMATION
WITH MY CHILD'S TEACHERS.

Parent signature _____ Date _____