



# Hampton Township School District

Marian Emmons McKeown Elementary School

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Kerry Murphy  
*Board Secretary*  
*Business Administrator*

Bryan Hensz  
*Principal*

Everett C. Burns  
*Chief School*  
*Administrator*

## STUDENT HEALTH UPDATE 2007-2008

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: Drugs: \_\_\_\_\_  
\_\_\_\_\_

YES? NO      Currently under a doctor's care: Reason \_\_\_\_\_  
\_\_\_\_\_

YES / NO      Has a medical condition of which the school should be aware: \_\_\_\_\_  
\_\_\_\_\_

YES / NO      Recent operations, injuries or illnesses \_\_\_\_\_  
\_\_\_\_\_

YES / NO      Allergies \_\_\_\_\_  
\_\_\_\_\_  
Type of reaction/ treatment: \_\_\_\_\_  
\_\_\_\_\_

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

Parent signature \_\_\_\_\_  
Date \_\_\_\_\_