

Newark Valley Central School District

HEALTH AND SAFETY NOTICE

DEAR PARENTS,

YOUR CHILD'S HEALTH AND SAFETY ARE VERY IMPORTANT TO US AT NEWARK VALLEY. A NUMBER OF SCHOOL PERSONNEL ARE RESPONSIBLE FOR YOUR CHILD'S WELL-BEING THROUGHOUT THE SCHOOL DAY. CLASSROOM TEACHERS, P.E., ART, MUSIC, AND OTHER SPECIAL TEACHERS, TEACHER-AIDES, CAFETERIA STAFF, AND PLAY- GROUND MONITORS ARE WITH YOUR CHILD ON A REGULAR BASIS.

WE NEED TO BE AWARE OF YOUR CHILD'S NEEDS TO CARE FOR HIM/HER PROPERLY. EVEN THOUGH WE HAVE YOUR CHILD'S RECORDS, MANY CONDITIONS CHANGE FOR CHILDREN OVER THE SUMMER AS WELL AS THROUGHOUT THE YEAR. PLEASE FILL OUT THE FORM BELOW AND SEND IT TO THE SCHOOL NURSE. THANK YOU FOR KEEPING US UP TO DATE CONCERNING YOUR CHILD.

Rebecca Houston, RN
Middle School Nurse

Student's Name: _____ Grade: _____

Allergies: _____

History of: Anemia _____ Diabetes _____ Fainting Spells _____

Seizures _____ Asthma _____ Other _____

Current Medical Conditions: _____

Daily Medication _____

Permanently damaged or removed organs: _____

Accident or other serious illness: _____

Concussion or fractures in past year/give date: _____

Surgery in past year/for what: _____ Date: _____

Wears glasses? _____ When? (all times/reading/distance) _____

Dental problems/concerns: _____

Immunizations in past year (proof needed): _____

Physician: _____ Dentist: _____

Hospital preference: _____

Date: _____ Signature of Parent: _____

Home: _____ Cell: _____ Work: _____