

ROXBURY TOWNSHIP PUBLIC SCHOOLS
ANNUAL UPDATE FOR MEDICAL CONDITIONS

NAME _____ DATE _____

SCHOOL ROXBURY HIGH SCHOOL GRADE _____
1 BRYANT DRIVE
SUCCASUNNA, NJ 07876

CONDITION: _____

In order for the Health Staff to provide optimum care for your child while attending school, it is vital that we have updated medical information submitted to the Health Office. If the above condition is known and does not require medication and/or treatment, complete Part I, sign and return the form to the nurse. If the above condition has changed or requires medication, treatment or limitations in Physical Education, ask your physician to complete Part II and return the form to the nurse. Please return the completed form by _____.

SCHOOL NURSE / DATE

Part I

Date of Examination _____

Physician's Name _____

Diagnosis _____

Restrictions _____

Parent/Guardian Signature / Date

Part II

Medical Diagnosis _____

Treatment/Medication _____

Restrictions(including Physical Education) _____

Physician's Printed Name

Physician's Signature / Date