

**ALPHA PUBLIC SCHOOL**  
**817 North Boulevard**  
**Alpha, New Jersey 08865**  
**Telephone: (908) 454-5000 Fax: (908) 454-4347**  
[www.apsedu.org](http://www.apsedu.org)

Mr. Seth Cohen  
Chief School Administrator

August 2024

To: Parents/Guardians

From: Laura Griffiths, MSN, RN,CSN-NJ School Nurse

Dear Parent/Guardian,

Welcome to another school year! Attached is a Health History & Emergency Treatment Form.  
**Please legibly fill it out and return it to my attention as soon as possible.**

I would like to share some information with you regarding our school health services program. This is a summary of some of the contacts your child will have with the school nurse this year:

- ✦ Screening for height, weight and blood pressure shall be conducted annually for each pupil in kindergarten through grade 8.
- ✦ Screening for visual acuity shall be conducted biennially for pupils in kindergarten through grade 8.
- ✦ Screening for auditory acuity shall be conducted annually for pupils in kindergarten through grade 3 and in grade 7 pursuant to NJSA 18A:404.
- ✦ Students in grades 5 and 7 will receive a spinal screening for scoliosis. Any student will be exempt from the scoliosis screening **upon written request from a parent or guardian** (NJSA 18A:4-4,3).
- ✦ All new students must be examined upon entry into the school district. This examination must be done no more than 365 days prior to entry and must state what, if any, modifications are required for full participation in the school program. The "Universal Child Health Record" form is available through the school website.
- ✦ The nurse may administer prescribed medication. However, authorization is required from both the physician and the parent. The medication must be in its original container and must be brought to school by the parent/guardian. This policy also applies to over the-counter or non-prescription medications. Please contact the school nurse for these forms.
- ✦ The REQUIRED district form(s) are available from the school nurse or at the school website [www.apsedu.org](http://www.apsedu.org).

Please feel free to contact the school nurse at 908-454-5000 x205 with any questions you may have.

## **Physical Examination**

New Jersey State Board of Education and the New Jersey Department of Health and Senior Services require that each student: is not diminished by a remediable physical disability, that the student is able to participate in the school program, and that the school community is protected from the spread of communicable disease.

The physical examination must be done no more than 365 days prior to the entry of school. If any modifications are required for full participation, please provide the school with proper documentation.

A healthcare provider chosen by the student's parent/guardian, also referred to, as the students' MEDICAL HOME, must conduct the medical examination. A full report must be presented to the school on approved school district form. Please be sure that your physician signs and dates the form.

If the student does not have a "medical home" please contact the school nurse or school secretary for more information.

Rev. 11/02 Physical Examination

**SCOLIOSIS SCREENINGS ARE REQUIRED OF ALL 5<sup>TH</sup> AND 7<sup>TH</sup> GRADE STUDENTS.**

- I do wish to have my child included in the scoliosis screening program.

**Yes \_\_\_\_ No \_\_\_\_**

- I will have my 5<sup>th</sup> or 7<sup>th</sup> grade child examined by our family physician  
AND SUBMIT THE REPORT TO THE SCHOOL NURSE.

**Yes \_\_\_\_ No \_\_\_\_**

**PERMISSION FOR RELEASE OF HEALTH INFORMATION**

This release authorizes the school nurse to send or receive pertinent medical information necessary for my child's health, well-being and safety. This authorization is valid for one year.

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Parent/Guardian's Name (MUST PRINT): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_