

ST. FRANCIS CATHEDRAL SCHOOL
528 MAIN STREET
METUCHEN, NJ 08840
732/548-3107
www.stfranciscathedralschool.org

Pre K Nurse Packet

PK 3

PK 4-3

PK 4-5

Parents/Guardians:

Please return the following completed forms to the attention of: **Pre K School Nurse.**

All forms must be returned and all immunizations must be completed and documented **before school begins or your child will not be permitted to start school.**

Please check:

_____ Emergency Procedure Form

_____ Physician Physical Form (Physicals must be dated after January 1st of the current school year)

_____ Health History Record

_____ Immunization Records (Please be sure your child has received all required immunizations and documentation is submitted from Physician)

Thank you,

***Please return all forms
in the packet together.
Thank you!***

Tara Crandle, R.N.
School Nurse

**St. Francis Cathedral School
528 Main Street
Metuchen, NJ 08840
732-548-3162**

PRE-K STUDENTS

Dear Parents/Guardians:

Welcome to St. Francis Cathedral School Pre-K!

Attached are the forms that are required for your child's health record. **PLEASE RETURN ALL PAPERWORK, TOGETHER, AS SOON AS POSSIBLE.**

REMINDERS:

1. Please Call the Health Office each day your child is absent.
Phone: 732-548-3162
2. Any medication to be given in school must be in the original, appropriately labeled prescription bottle. Permission papers must be completed. This is a New Jersey State Law.
3. Immunizations must be up-to-date as required by New Jersey State Law.
Please notify the school when your child receives any immunizations.
4. No child shall be admitted to school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A. 26:1A-9. Proper immunization is a condition of admission to the school. All immunizations (except flu) must be received before **August 31st** in order for child to start school.
5. Physicals are required when entering Pre-K or kindergarten and every three years thereafter. All forms must be received before **August 31st** or child will not be allowed to start school.
6. Please inform the school office if there are any changes in your child's health.

We are looking forward to a healthy and happy year.

Thank you,

Tara Crandle, R.N.
School Nurse

**St. Francis Cathedral School
528 Main Street
Metuchen, NJ 08840
732-548-3107**

Dear Parents/Guardians:

According to New Jersey State Law, all students entering Pre-School must have the following immunizations:

Diphtheria/Pertussis/Tetanus (DTaP) – 4 doses
Polio – 3 doses
Measles/Mumps/Rubella (MMR) one dose after 12 months of age
H.I.B. – at least one dose
Hep B – 3 doses
Varicella – one dose given after 12 months of age
Pneumococcal (Prevnar) – at least one dose
T.B Test (Mantoux) – Recommended – required if coming from out of state or
or out of country
Flu Immunization – 1 dose given between September and December 31st of
current year to all children 59 months or younger

All immunizations, except flu, must be completed and documented before child will be permitted to start school. Documentation of the flu vaccine must be received before **December 31st**.

If immunizations are not completed at the required time, the student will be excluded until all immunizations are completed and documented.

If you have any questions, please call the School Nurse at 732-548-3162.

*** Remember – No child will be permitted to start school unless their immunizations are up to date and their immunization record is in the school nurse's office.**

Thank you for your cooperation.

Tara Crandle, R.N.
School Nurse

ST. FRANCIS CATHEDRAL SCHOOL
528 Main Street
Metuchen, New Jersey 08840

Physician's Report of Physical Examination

Name _____ Birthdate _____ Grade _____

Height _____ Weight _____ Pulse _____ Resp. _____ BP _____
****REQUIRED**

Medical History (eg. Asthma, seizures, freq OM, etc.) _____

Surgical History _____

Trauma or Injuries _____

General Appearance _____ Skin _____

Head and Neck _____ Lungs _____

Heart _____

Abdomen _____ Genitalia _____

Musculoskeletal _____

Extremities _____

Other _____

Impressions _____

Immunizations given on this date _____

Physician's Name, Address, Phone (please Print)

Physician's Signature

Date of Examination

ST. FRANCIS CATHEDRAL SCHOOL

NURSE'S OFFICE EMERGENCY CONTACT FORM School Year _____

Last Name: _____ Home Phone: _____

Address: _____

Child(ren) 1. _____ Grade: _____ 2. _____ Grade: _____
3. _____ Grade: _____ 4. _____ Grade: _____

Mother's Name: _____ Cell: _____ Work: _____

Father's Name: _____ Cell: _____ Work: _____

Please complete the following using numbers to indicate order of procedure to be followed in the event of illness or injury to your child(ren) at school:

() Contact: _____ Mother () Home () Cell () Work

() Contact: _____ Father () Home () Cell () Work

() Contact: _____ () _____ at: _____
(Relationship to student)

() Contact: _____ () _____ at: _____
(Relationship to student)

() Contact: _____ (Physician) at: _____

Does student have health insurance? YES / NO. Name of Insurance Company: _____

Take student to nearest hospital? YES / NO. Name of Hospital: _____

Please list any medical conditions/allergies/medications: _____

I give **permission** for medical information about my child(ren) be shared with school staff on a need-to-know basis: Please **circle** one: YES / NO.

Contact via e-mail for non-emergency communication? YES / NO. E-mail address: _____

In case of a serious emergency to the above-named **student** and in the event neither parent/guardian can be reached by telephone, I hereby authorize a representative of the school to act in my child(ren)'s best interests.

X _____ X _____

Parent/Guardian Signature

Date