



# East Hanover Teen Team Child Health Information

Child's Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Primary Contact in emergency if other than parent/guardian: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medical Instructions: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Does your child have an Individual Health Plan on file with the school nurse?  Yes  No  
If yes, do we have your permission to see it?  Yes  No

Does your child have an Anaphylaxis Allergy Action Plan on file with the school nurse?  Yes  No  
If yes, do we have your permission to see it?  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have asthma?  Yes  No  
If yes, does your child use an inhaler?  Yes  No  
Is the inhaler self-administered?  Yes  No

**PLEASE NOTE: Except as Epi-pen and inhalers are authorized by a physician, all other medications cannot be administered by any staff members.**

## EpiPen Information/Guidelines (If applicable)

- I give permission for a designated staff member of the East Hanover Township After-School Child Care to administer the EpiPen to my child if deemed necessary.
- I understand that these employees are not trained health care professionals, but delegates of the School Nurse and have been trained to administer the EpiPen.
- I understand that I will be responsible for providing the EHTASCC with an EpiPen, in the original box with the original prescription. The EpiPen will be labeled for my child and will be kept in a secure location at the Central School.
- The EHTASCC must have the EpiPen available no later than June 25, 2009 to be ready for the first day of camp.
- If my child's allergy requires an EpiPen, and I do not sign to agree to these guidelines, my child will not be permitted to participate in Camp Cougar, or any other program offered by the EHTASCC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EHTASCC Health Guidelines/Procedures

- EHTASCC staff is trained in CPR and First Aid and will administer first aid for minor injuries when deemed necessary.
- All injuries that take place will be documented on an Accident Report Form.
- Parents will be notified by EHTASCC of any injuries that are beyond superficial cuts and scratches.
- No medication will be administered without proper authorization and within legal parameters, i.e. EpiPen and inhaler.
- In the case of a major medical emergency, 911 will be called immediately. The parent/guardian will also be contacted immediately.
- EHTASCC adheres to the guidelines of East Hanover Township Public School Communicable Diseases policy.

By signing this form, I give permission for my child, named above, to be transported by emergency vehicle to the Hospital Emergency Room, and for the physician selected by the program or hospital to give any medical treatment that is necessary. I understand that an EHTASCC staff member will remain with my child until I or other authorized person arrives.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby acknowledge that I have reviewed and affirm the accuracy of all of my child's health information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_