Bishop Eustace Preparatory School
School Nurse Health Record Summary

Student's Name: _____ Grade: _____

Date of Birth: _____

Address: _____

- Does your child take daily prescription or over the counter medication(s)? YES NO

If "YES," please list medication(s) and reason for taking: _____

_____

- Has your child had any accidents, injuries, or serious illnesses over the past year? YES NO

If "YES," please explain: _____

_____

- Does your child have any allergies and/or chronic health issues? YES NO

If "YES," please explain: _____

_____

- Has your child received any vaccinations in the past year? YES NO

If "YES," please list and **Attach Vaccination Documentation**

- Has there been any other changes in your child's health status? YES NO

If "YES," please explain: _____

- Does your child have health insurance (NJ FamilyCare/Medicaid, Medicare, private, or other)?

YES _____ If "YES," name of health insurance company: _____

☐ **I have uploaded a copy (front/back) of student's health insurance card to My Eustace**.

NO_____ If "NO," NJ family provides free or low-cost health insurance for uninsured children. For more information call #1-800-701-0710 or visit www.njfamily.org to apply online.

If "NO," you may release my name and address to the NJ FamilyCare Program to contact me about health insurance. YES_____ NO_____

Student's Primary Care Provider	Student's Dentist
Name:	Name:
Phone #:	Phone #:
Address:	Address:

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Bishop Eustace Preparatory School
School Nurse Health Record Summary

Parent/Guardian Information:

_____

Name Relationship Cell Phone #

_____

Name Relationship Cell Phone #

☐ **I have reviewed and updated parent/guardian contact information in myEustace.**

Student's Siblings at Bishop Eustace:

_____

Name Grade

_____

Name Grade

Emergency Contact Information:

Please list two nearby relatives or neighbors who would assume responsibility for your child if we cannot reach you:

_____

Name Relationship Phone Number

_____

Name Relationship Phone Number

I, the undersigned, do herby authorize officials of Bishop Eustace Preparatory School to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

This form is to be completed for each school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

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