



The Titusville Academy
 86 River Drive
 Titusville, New Jersey 08560

Student Name _____

MEDICAL INFORMATION

If my child should require immediate medical attention because of illness or an accident, and I am unable to be reached by phone, I hereby authorize the school to summon medical help at my expense. It is my understanding that if the doctor is unavailable, you will use your own judgment in the matter.

Student Physician	Street Address	City, State, Zip	Phone
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Student Dentist	Street Address	City, State, Zip	Phone
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Private Counselor	Street address	City, State, Zip	Phone
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Medical Insurance/ Hospitalization Plan	Policy Number	Special Medical Conditions of Student
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Seizures?

Allergies?

Y N

Y N

List drug, food or other allergies here -

REQUIRED MEDICATION

Please list all medications and dosages, whether or not the child will take them at school. Please notify the school nurse immediately if your child should receive any new immunizations or of any changes in medications during the school year.

Medication	Dosage	Time	Doctor
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Medication	Dosage	Time	Doctor
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Any medication that your child is to receive in school must be brought to the school and handed to the school nurse in the original container, labeled according to standards. All medications prescribed by a physician will be counted by the nurse, in front of an administrator, the count logged, and it will be kept in a locked facility.

***Please note that all medication should be sent in with a **signed note from BOTH the doctor and the parent/guardian** giving permission for the school nurse to dispense, and must also include **the amount of pills that they are sending in.**

 Parent/ Guardian Signature Date