

Mullica Township School District Registration

500 Elwood Road, P. O. Box 318, Elwood, NJ 08217 ▪ (609) 561-3868, ext. 223

Pre-K Registration:

- School Entry Physical: Every child must have a physical for school entry from your Primary Care Practitioner.
 - If medicine is needed in school, we must have:
 1. Doctor's order/Asthma Action Plan (nebulizer setup in container marked with the student's name)
 2. Parent signed consent to treat
 3. Medicine in Pharmacy original labeled container with the student's name and medicine dose. An adult must bring all medicine to school.
 - 4 doses of DtaP* [DtaP*=Diphtheria, Tetanus, Pertusis (Whooping Cough)]
 - 3 doses of Polio (IPV, OPV)
 - MMR** after the 1st birthday or proof of immunity [MMR**=Measles, Mumps, Rubella (German Measles)]
 - Varicella after the 1st birthday or proof of immunity
 - 1-2 HiB with one dose after the 1st birthday
 - 1-2 Pneumococcal PCV7 with one dose after the 1st birthday
 - Hepatitis B – 3 shots or proof of immunity
 - Seasonal Flu shot must be given after September 1st and before December 31st of the current school year attending.
- Additional:
- Moved here from out of the country – Needs a Mantoux PPD tuberculosis test and results.

Kindergarten Registration:

- Moved here from out of the country – Needs a Mantoux PPD tuberculosis test and results.
 - School Entry Physical: Every child must have a physical for school entry from your Primary Care Practitioner if never have been in a NJ school before. If you did not get a physical at the other school, you must get one before attending Mullica Township.
 - 4 or 5 doses of DtaP* (4 if given after the 4th birthday)
 - 3 or 4 doses of Polio (3 if given after the 4th birthday)
 - 2 MMR (1st dose after the 1st birthday) or proof of immunity
 - Varicella after the 1st birthday or proof of immunity
 - Hepatitis B – 3 shots or proof of immunity
- In addition, if medicine is needed in school, we must have:
1. Doctor's order/Asthma Action Plan (nebulizer setup in container marked with the student's name)
 2. Parent signed consent to treat
 3. Medicine in Pharmacy original labeled container with the student's name and medicine dose. An adult must bring all medicine to school.

6th Grade Registration:

- Moved here from out of the country – Needs a Mantoux PPD tuberculosis test and results.
 - School Entry Physical: Every child must have a physical for school entry from your Primary Care Practitioner if never have been in a NJ school before. If you did not get a physical at the other school, you must get one before attending Mullica Township.
 - 4 Menactra/Meningococcal one dose
 - Tdap/Adacel (if at least 5 years after the last DPT/Dtap/Td dose)
 - 4 or 5 doses of DtaP* (4 if given after the 4th birthday)
 - 3 doses of Polio
 - 2 MMR (1st dose after the 1st birthday) or proof of immunity
 - Varicella after the 1st birthday or proof of immunity
 - Hepatitis B – 3 shots or proof of immunity
- In addition, if medicine is needed in school, we must have:
1. Doctor's order/Asthma Action Plan (nebulizer setup in container marked with the student's name)
 2. Parent signed consent to treat
 3. Medicine in Pharmacy original labeled container with the student's name and medicine dose. An adult must bring all medicine to school.

Thank You and Welcome to Mullica Township Schools.

June 10, 2010 (March 10 NJAC)

N.J.A.C. 8:57-4: Immunization of Pupils in School

MULLICA TOWNSHIP SCHOOL DISTRICT PARENT QUESTIONNAIRE

Child's Name: _____ Grade: _____ Date of Birth: _____

I. ALLERGIES: Has your child had:

1. Eczema (rash) or hives	YES	NO	DATES: _____
2. Wheezing or asthma	YES	NO	DATES: _____
3. Allergies or reactions to any medication, injection, or food (such as penicillin or peanuts)	YES	NO	DATES: _____
4. Constant cold, hay fever, ear infections, or sinus trouble	YES	NO	DATES: _____

II. FAMILY HISTORY:

1. Are both parents in good health If no, explain: _____	YES	NO
2. Are there any other members of your child's immediate family (brother, sister, parent, grandparents, aunt, or uncle) with the following serious health problems:	YES	NO
a. Heart trouble	YES	NO
b. High blood pressure	YES	NO
c. Cancer	YES	NO
d. Diabetes	YES	NO
e. Other: _____	YES	NO

III. PERSONAL HEALTH HISTORY:

1. Any congenital problems (heart, kidney, spine)	YES	NO
2. Your pregnancy: Child's birth weight: _____ height: _____	YES	NO
3. Any illness during pregnancy	YES	NO
4. Delivery Complications	YES	NO
5. Child walked alone when _____ months old		

IV. EARLY CHILDHOOD ILLNESSES: Has your child had:

1. More than six (6) colds or throat infections each year	YES	NO
2. More than three (3) ear infections	YES	NO
3. Any trouble hearing	YES	NO
4. Hearing tested	YES	NO
5. Any trouble seeing	YES	NO
6. Eyes tested	YES	NO
7. Any trouble with his/her teeth	YES	NO
8. Seen a dentist recently	YES	NO
9. Seen a pediatrician recently	YES	NO
10. Any trouble passing his/her urine	YES	NO
11. Ever had a convulsion or fainting spell	YES	NO

12. Had any of the following:

Three (3) day measles	YES	NO
Ten (10) day measles	YES	NO
Chicken pox	YES	NO
Whooping Cough	YES	NO
Pneumonia	YES	NO

13. Had any other diseases (sickle cell, diabetes, seizures)

If yes, please explain _____

14. Had to stay in a hospital overnight

Age: _____ Reason: _____

15. Please comment on any question(s) that you answered yes: _____

My signature acknowledges that I agree the physician can give the school all physical or treatment information on my child.

Parent Signature: _____

Date: _____

MULLICA TOWNSHIP SCHOOL DISTRICT

Physical Examination from a Private Physician

500 Elwood Road, P. O. Box 318

Elwood, NJ 08217

Phone: (609) 561-3868, ext. 223 Fax: (609) 561-9519

Child's Name: _____ Grade: _____ Date of Birth: _____

Date of Exam: _____

To the Family Physician:

In order that the child's school program can be adjusted to his/her physical condition, it is necessary for the school to have a report of his/her health examination. Will you kindly record on this form the findings of your examination and especially add your recommendations to the school? Thank you.

Health Habits (diet, rest): _____

Significant illnesses, accidents, operations, congenital defects, family history, etc.: _____

Child on any medication? _____ Yes _____ No

Name of medication _____ Frequency: _____

It is necessary that immunizations be up-to-date and current with NJ state mandates. Please record any new immunizations given:

_____ DPT/DtaP	_____ MMR (#1 or #2)	_____ Other
_____ Varicella	_____ HiB	_____ Other
_____ IPV (polio)	_____ Hepatitis B	_____ Other

Physical Findings:

Height: _____ Weight: _____ BMI: _____% BP: _____/_____

Skin _____ Hearing: R _____ L _____

Ears (otoscopic) _____ Vision: R _____ L _____

Nose _____ Throat _____

Glands _____ Heart _____

Lungs _____ Abdomen _____

Extremities _____ Genitalia/Tanner _____

Color Perception _____ Teeth/Gums _____

Other _____

Specific medical recommendations to the school for academic and activity programs:

Signature of Examining Physician/NP: _____ Date: _____



Provider Stamped Name/Address