



Lafayette Township School District

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Mr. MICHAEL GALL

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GERARD FAZZIO

Principal

973-875-3344 ext. 314

ERIN SIIPOLA

Business Administrator/Board

Secretary

973-875-3344 ext. 316

Fax: 973-875-2663

Dear Parent/Guardian:

The following information is needed to up-date your Child's Health Record.

Please complete and return to school as soon as possible.

Student Name _____ Grade _____

Teacher's Name _____ School Year _____

I am aware that my child will participate in the following School Health Services where applicable:

1. Vision and hearing screening
2. Height and weight
3. Blood pressure
4. Scoliosis screening-starting at age 10, to be completed every other year

_____ **I wish to be present for scoliosis screening.**

_____ **I decline to have the following screenings completed on my child at school:**

My child was seen by his/her pediatrician on _____(date) for a physical.

If you decline screenings, **you must attach a copy of your child's physical**The physical must include: Vision and hearing screening, height and weight, blood pressure and scoliosis.

Signature of Parent/Guardian

Date

Please fill out the following pertinent information: (Any changes from last school year)

Immunizations: _____

Allergies: _____

Surgery: _____

Injuries: _____

Medication: _____

Sincerely,

Lillian MacRae
Certified School Nurse