Dear Parent(s)/Guardian(s),

The Cherry Hill High School Nurses aim to provide the best possible school health care. We appreciate your cooperation in keeping us updated on your teen’s health status throughout his /her high school years. Please complete the following forms annually for your child. All forms can be found on the Nurse’s E-board.

1. **Medication Authorization Form**—Complete this form if you choose to have your teen receive medication during the school day or on school trips.
   a. Medication orders MUST be signed by your physician every academic year for both prescribed and over-the-counter medications.
   b. Advil [ibuprofen] and Tylenol [acetaminophen] may be given to a student with signed permission from the parent/guardian.
   c. If your child cannot swallow pills, please send in liquid or chewable tablets.
   d. All medication must come in its original container or prescription labeled bottle.

2. **Emergency Contact Information**— Please review for accuracy and completeness.

3. **Asthma and Life Threatening Allergies**: Forms on Nurse e-board.
   a. Authorization for Self Administration of Asthma Inhaler and/or Epinephrine Medication. This form must be completed for all who will carry their own inhaler and/or Epi-pen.
   b. Food Allergy & Anaphylaxis Emergency Care Plan. This form is necessary to understand your child’s reaction when exposed to allergens
   c. Asthma Action Plan

4. **Sports Physicals**—NJ DOE Pre-Participation Physical Evaluation Packet (May 2015) form is the ONLY acceptable form that can be used. See the Athletics or Nurse E-board for up-to-date versions of required forms.
   a. A physical is valid for one year from the date of the exam.
   b. Online Health History Update & Permission Form must be completed for every season you wish to participate in a sport. Registration procedure can be found on athletic or nurse e-board.
   c. **Due Dates:** FALL—July 24th, WINTER—October 31st, SPRING—February 1st

5. **Immunizations**— Please provide us with updates when possible

Please contact your building nurse for any questions

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<tr>
<th>Eileen Reilly High School East</th>
<th>Anna Maria Sheehan High School East</th>
<th>Joy Atkins High School West</th>
<th>Sheryle Mulcahy High School West</th>
<th>Bev Thomas Alternative High School</th>
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