



## FUTURE FOUNDATIONS ACADEMY

[www.escnj.us/FFA](http://www.escnj.us/FFA)

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EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY

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1690 Stelton Road, Piscataway, New Jersey 08854 (732) 978-1555 Fax (732) 985-1587

Katie Feiles  
Principal

Kate Johnson  
Vice Principal



### 2021-2022 Health Packet

Dear Parent/Guardian:

The Future Foundations Academy Health Packet is enclosed for your completion.

New Jersey state law requires that your child receive regularly scheduled physical examinations for the protection of his or her health. **Students should have a physical exam upon entry into the school system** and at least one time during each developmental stage, meaning: early adolescence (grade seven through twelve).

Primary responsibility for a child's healthcare needs rests with the family and the child's own physician. A physical examination by a private health care provider allows a more thorough examination and a more individualized approach for each pupil. It also provides the opportunity to receive additional immunizations as needed and discuss health care concerns with your doctor

If your child hasn't had a physical within the past year please have the enclosed examination form completed by your physician. **Also, please fill out the rest of the enclosed forms and return them to the school Health Office as soon as possible.**

If you need any additional information, please do not hesitate to contact us at:  
(732) 978-1555 ex. 6170 /7011 or [wstawick@escnj.us](mailto:wstawick@escnj.us). / [hlichtenstein@escnj.us](mailto:hlichtenstein@escnj.us)

Please know that this information is essential for keeping your child safe while here at school, and must be kept on file in our Health Office.

Your cooperation in this matter is greatly appreciated.

Sincerely,

Mrs. Wendy Stawick, R.N.

Ms. Holly Lichtenstein, BSN, R.N.

Future Foundations Academy Nurses



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### **AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION 2021-2022**

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Dear Parent/ Guardian:

Sometimes students develop fever, headaches or pain due to a minor injury while they are at school. We would like your permission to give your child over-the-counter medication if this happens. We usually use acetaminophen (sold as Tylenol). The dose will be determined according to the child's weight, and will be set by our school physician. You may prefer another type of medication, such as ibuprofen (sold as Advil/Motrin). Ibuprofen is often preferred for menstrual cramps. We keep the generic versions on hand. If you wish to give the nurse permission to give your child one of these medications, please check the appropriate line(s) below, and sign at the bottom.

**I give permission for the school nurse to administer:**

\_\_\_\_\_ **Acetaminophen (ex.: Tylenol)**

\_\_\_\_\_ **Ibuprofen (ex.: Advil/Motrin)**

Sometimes children develop an allergic reaction (itching, swelling, hives) while they are in school. We would like your permission to administer an over-the-counter antihistamine called "diphenhydramine". This is the generic form of Benadryl. The dose will be determined according to the child's weight, and will be set by our school physician. If you wish to give us permission to use this medication if your child has an allergic reaction, please check the line below, and sign at the bottom.

**I give permission for the school nurse to administer**

\_\_\_\_\_ **Diphenhydramine (Benadryl)**

**How does your child take medication? Please circle: Liquid, whole tabs, or crushed in applesauce**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### **SCOLIOSIS SCREENING PERMISSION FORM 2021-2022**

Dear Parent/Guardian:

In accordance with New Jersey Law, N.J.A.C.6A:16-2.2, each district Board of Education will ensure health screenings for students. Health screenings may include height, weight, hearing, blood pressure, vision and scoliosis. Screenings may be conducted by a school physician, school nurse, or other properly trained school personnel.

Please complete the SCOLIOSIS screening permission form below and return to the Future Foundations Academy Health Office.

\_\_\_\_\_ **I give** permission for my child to have a Scoliosis screening at school.

\_\_\_\_\_ **I do not give** permission for my child to have a Scoliosis screening at school.

**STUDENT'S NAME:** \_\_\_\_\_

**Signature of Parent /Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Dental Exam Report 2021-2022

Our school's health office recommends an annual dental examination by your family dentist for your child.

**Please return this form to the school nurse following your child's dental examination.**

If there is any reason why you cannot have a dental examination done, please call 732-978-1555 ext. 6170/7011 and we can help you to find an appropriate dentist.

Your School Nurses,  
Wendy Stawick, RN  
Holly Lichtenstein, RN

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### DENTAL EXAMINATION REPORT

I have examined \_\_\_\_\_ on \_\_\_\_\_  
(Name of student) (Date)

- There is no need for corrective work at this time.
- Treatment has been completed.
- Dental care is required at this time.

An appointment has been scheduled: YES \_\_\_\_\_ NO \_\_\_\_\_  
(Date of next Appointment)

Dentist Signature: \_\_\_\_\_

Dentist (Print) Name: \_\_\_\_\_

Stamp: \_\_\_\_\_



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