**CENTER FOR LIFELONG LEARNING**

***EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY***

##  [http://www.escnj.us](http://www.escnj.k12.nj.us)

**333 Cheesequake Road**

**Parlin, New Jersey 08859**

 **Telephone: (732) 727-3736 Fax: (732) 727-3756**

**Mary Beth Conley Antoinette Nicholasi**

### Principal Vice Principal

###

**Michael Kane**

*Vice Principal*

**2023/2024 PUPIL INFORMATION for the HEALTH OFFICE**

**(2023-2024) Pupila información de la Oficina de Salud)**

**Please fill in the information below and call the Health Office with any changes in diet, medication allergies or immunizations during the school year. (Por favor, rellene el siguiente formulario y llame a la Oficina de Salud con los cambios en la dieta, alergias a medicamentos o las vacunas durante el año escolar.)**

**Medications Given at Home: Please list all meds given at home, the dose and the time(s) given:**

(Los medicamentos administrados en el hogar: Anote todos los medicamentos administrados en el hogar,

la dosis y el tiempo (s) propuesta)

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**Medications Given at School: Please list all meds given at school, the dose and the time(s) given:**

(Medicamentos que se administran en la escuela: Por favor escriba todos los medicamentos dados en

la escuela **la dosis y el tiempo (s) dado☺**

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**Allergies: Please list all allergies and the type of reaction your child has to the allergen:**

**(Alergias: Por favor, enumere todas las alergias y el tipo de reacción que tenga su niño a los alérgenos:)**

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**Other medical issues: Does your child have: Seizures? \_\_\_\_\_\_\_\_ If so, what do they look like?**

**(Otros problemas médicos: ¿Tiene su hijo: Convulsiones? Si es así, ¿qué aspecto tienen)?**

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**Asthma? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diabetes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If so, what type? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(El asma?) (La diabetes?) (Si es así, ¿qué tipo?)**

**Call the Health Office at 732-727-3736 extension 7741 or 7742.**

**(Llame a la Oficina de la Salud en el 732-727-3736 extensión 7741 o 7742.)**

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**Signature of Parent/Guardian (Firma del padre / tutor) Date (fecha)**