

ROXBURY TOWNSHIP PUBLIC SCHOOLS  
ANNUAL UPDATE FOR MEDICAL CONDITIONS

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL ROXBURY HIGH SCHOOL GRADE \_\_\_\_\_  
1 BRYANT DRIVE  
SUCCASUNNA, NJ 07876

CONDITION: \_\_\_\_\_

In order for the Health Staff to provide optimum care for your child while attending school, it is vital that we have updated medical information submitted to the Health Office. If the above condition is known and does not require medication and/or treatment, complete Part I, sign and return the form to the nurse. If the above condition has changed or requires medication, treatment or limitations in Physical Education, ask your physician to complete Part II and return the form to the nurse. Please return the completed form by \_\_\_\_\_.

\_\_\_\_\_  
SCHOOL NURSE / DATE

-----  
Part I

Date of Examination \_\_\_\_\_

Physician's Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Restrictions \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature / Date

-----  
Part II

Medical Diagnosis \_\_\_\_\_

Treatment/Medication \_\_\_\_\_

Restrictions(including Physical Education) \_\_\_\_\_

\_\_\_\_\_  
Physician's Printed Name / Physician's Signature / Date