

All MEDICATION ORDERS/CONSENT FORMS needs to be RENEWED on a YEARLY BASIS.. Please have your doctor fill the following form(s) and email/fax/send **ON or BEFORE 9/6/17** to Health@HonorRidge.org or fax to 908-827-5456:

- ❑ **ASTHMA TREATMENT PLAN** (signed by doctor and parent/guardian).
 - ❖ New Jersey Law requires students with asthma to have an Asthma Treatment Plan on file with the School Nurse.
 - ❖ For downloadable form: <http://www.pacnj.org/pdfs/atpstudent2012.pdf>

- ❑ **FOOD ALLERGY ACTION PLAN** (signed by doctor and parent/guardian)
 - ❖ Epinephrine/Benadryl medications
 - ❖ For downloadable form: <https://www.foodallergy.org/faap>

- ❑ **SEIZURE ACTION PLAN** (signed by doctor and parent/guardian)
 - ❖ Diastat/Seizure medications
 - ❖ For Downloadable form:
https://www.epilepsy.com/sites/core/files/atoms/files/seizure-action-plan-pdf_0.pdf

- ❑ **SPORTS PHYSICAL**- In order to participate in any sports teams at Honor Ridge Academy, each player in grades 6 and up is required to have an annual Sports Physical Examination, which is mandated by the state of New Jersey. The enclosed form needs to be completed by both you and your family physician. This form consists of 2 parts: Page 1 & 2 is to be completed by the parent/guardian, prior to the physician portion. Page 3 & 4 is for the physician to fill out. The physical MUST be documented on the NJDOE PreParticipation Physical Evaluation Form and under NO circumstances can a student participate in a sport without the clearance documented on this form. The physical must be within 1 year of the start of the sport.
For Downloadable form:
<http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsform.pdf>

All of the above forms are DUE ON OR BEFORE Wednesday, 9/6/17