



**The  
Elisabeth  
Morrow  
School**

Age Three through Grade Eight

435 Lydecker Street  
Englewood, NJ 07631  
Phone: (201) 568-5566  
Fax: (201) 816-9416

[www.elisabethmorrow.org](http://www.elisabethmorrow.org)

## Visitor's Health Form

If your child has a medical condition which EMS should know about for his/her safety, fill out and return this form **24 hours** prior to his/her visit to campus.

Visitor's Name: \_\_\_\_\_ Visit Date: \_\_\_\_\_

Visit Grade: \_\_\_\_\_

### Medical Information

**Yes No** Does your child have any allergies [food, insect, environmental, et al?]  
If yes, please list: \_\_\_\_\_

**Yes No** Is your child asthmatic?

**Yes No** Will he/she need asthma medication during the day?

**Yes No** Does your child take any medications on a daily basis?  
If yes, then the medication must be brought directly to the nurse's office:  
- In the original, properly labeled container;  
- With a doctor's prescription (this can be faxed);  
- With a signed permission from the parent/guardian for the nurse to administer it.

**If you answered "yes" to any of the above, please fill out the following:**

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Beeper: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Beeper: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Visitor's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is someone other than the parent picking up the child at the end of the day? If so,

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**To ensure medical confidentiality, return this form to:**

Attention: School Nurse  
The Elisabeth Morrow School  
435 Lydecker Street, Englewood,  
New Jersey 07631  
Or fax to: (201) 816-9416