



Dear Parents:

To ensure that your child has a safe and secure visit at The Willow School, we ask that you provide the following medical/emergency information prior to your child's visit. Please complete the form below, and fax to 908-470-9545, or email to sdelaporte@willowschool.org at your earliest convenience, and no less than 3 days prior to the date your child is scheduled to be on campus.

Thank you for your cooperation in this matter.

Sincerely,

Annette Worthington
Director of Admissions

Visitor's name _____ Visit Date _____ Visit Grade _____

Medical Information

- YES NO Does your child have any allergies (food, insect sting, environmental)?
If yes, please list _____
- YES NO Is your child asthmatic? If so, will he/she need medication during the day?
If yes, please list _____
- YES NO Is there any medical condition which requires monitoring or limitation of physical activity?
If yes, please advise _____
- YES NO Does your child take any medication on a daily basis (including inhalers or EpiPen) which the nurse will need to administer? If yes, the medication must be brought directly to nurse's office:
 - a. In the original, properly labeled container
 - b. With a doctor's prescription (our fax 908-470-9545)
 - c. With signed permission from parent/guardian for the school nurse to administer medication.

Father's name _____
Home # _____ Cell # _____
Mother's Name _____
Home# _____ Cell# _____
Other contact if needed _____ Cell# _____

If someone else is picking up child, please identify:
Name: _____

Relationship: _____ **Phone:** _____