

WINDSOR LEARNING CENTER

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CAMILLE CERCIELLO, Ed.D.
DIRECTOR

Dear Parents,

Windsor Learning Center would like to update your child's health record. Please answer the following questions listed below as they pertain to your child:

Child's Name _____ Date _____

Does your child have a history of any of the following?

_____ Diabetes	_____ Dental problems
_____ Seizures	_____ Hearing problems
_____ Heart problems	_____ Vision problems
_____ High blood pressure	_____ Orthopedic problems
_____ Kidney disease	_____ Headaches
_____ Scoliosis	_____ Chickenpox/date

Does your child have any allergies? If yes, to what? _____

Does your child have Asthma? _____ If yes, does he/she use an inhaler? _____ **If an inhaler is used the State mandates an Asthma Action Plan be completed and an inhaler must be kept at school.**

Does your child have any activity restrictions? _____

Does your child have any special dietary needs? _____

If you checked any of the above or your child has any other medical conditions we should be aware of, please explain on the lines below.

Does your child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

() **NO** My child **does not** have health insurance. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ **Printed Name:** _____ **Date:** _____

Written consent required pursuant to 20 U.S.C. 1232g(b)(1) and 34 C.F.R.99.30(b)

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information visit www.njfamilycare.org to apply online or call 1-800-701-0710

() **YES** My child has health insurance.