CHEDER BAIS YAAKOV of CLIFTON
...where chinuch & cheshek go hand in hand

SPECIAL MEDICAL NEEDS FORM
(ADD, Seizures, Diabetic etc.)

(For allergies, please fill out Allergy Treatment Plan only. For Asthma, please also fill out Asthma Treatment Plan)

Last Name: _____ First Name: _____

Grade: _____ D.O.B. _____

Physician Student sees for this condition: _____ Phone: _____

Other Physician: _____ Phone: _____

MEDICAL SITUATION
Diagnosis:
Brief description of how this condition can affect your child and how we can be of assistance:
Activity Restrictions:
Currently taking Medication: ☐ Yes ☐ No Medication Regimen (including medication not usually given in school):

If your child may need medication, please fill out the section below. Please ensure that the office has an updated (and not expired) supply of all the medication/equipment **DUE AT TIME OF ADMISSIONS**. If the child will be administering the medication himself, please fill out *Request for Self-Administration of Medication Form*.

AUTHORIZATION TO ADMINISTER MEDICATION IN SCHOOL		
Symptoms that require medication:		
Medication:	Dose:	How often:
	Purpose of Drug:	Possible Side Effects:
Medication:	Dose:	How often:
	Purpose of Drug:	Possible Side Effects:

_____ _____
Parent/Guardian Signature Date

_____ _____
Physician's Signature Date

Where Chinuch and Cheshek go hand in hand

1333 BROAD STREET ❖ CLIFTON, NJ 07013 ❖ 973-472-0011 ❖ ADMIN@CLIFTONCHEDER.ORG ❖ FAX: 866-518-5682