

Cape May County Technical High School  
188 Crest Haven Road  
Cape May Court House, New Jersey  
**Student Health Screening Information**

Dear Parent/Guardian:

The Cape May County Technical School provides first aid for your child's minor injury and illness that may occur during school hours. You will be notified of any medical condition needing further evaluation by a private physician or hospital. For this reason, it is important that you complete the attached health forms, including the emergency contact information. Over the counter medications such as: acetaminophen, ibuprofen, throat lozenges, antibiotic and burn ointments, hydrocortisone crème, calamine lotion, and other comfort items, may be administered to your child by the school nurse per the school physician's medical orders.

School policy allows for the administration of medication by the school nurse "during school hours when failure to take such medication would jeopardize the health of the student, or, the student would be unable to attend school if the medication were not available to him/her during school hours". If your child requires medication, to be administered during school hours, contact the school nurse for the medication order form. All requests for medication administration must be in writing from your child's physician and the release of liability signed by the parent/guardian.

For your child's safety, it is important that you notify the School Nurse of any medical or mental health condition your child may have. If your child takes medication at any time during the school year, it is important that you notify the School Nurse and/or Guidance Counselor. Your child's vocational shop may need to be adapted according to his/her changing medical condition or circumstances.

For full-time students, mandated health screenings are conducted that may include height, weight, scoliosis, hearing, vision or blood pressure testing. Abnormal results will be referred to you for further evaluation by your child's private physician. If you do not wish the school to conduct the required health screenings you must notify the school nurse in writing.

School screenings are not expected to take the place of an annual health screening by your child's physician. Please continue to have an annual physical by your child's physician as your child is still growing and needs preventative health care. Vaccinations may need to be administered by your child's primary care provider. Such vaccines include: Meningococcal (MenACWY and MenB), Hepatitis A, Tdap booster, Varicella, and HPV.

\*\*\*\*\*

\*

**Form must be signed and returned, with the required information, to the Admissions Office.**

PARENT/GUARDIAN, PLEASE INDICATE CHOICE BELOW:

\_\_\_\_\_ My child's current physical and CMCTHS Medical Clearance Letter forms are completed, signed and stamped by my child's physician. The forms are attached.

\_\_\_\_\_ My child's physical appointment is on (indicate date): \_\_\_\_/\_\_\_\_/\_\_\_\_.

**You must enter the date your child's appointment is scheduled.**

***NOTE: ALL NEW 11th and 12th graders must have a physical prior to shop placement.***

\_\_\_\_\_ I do not have medical coverage for my child. I would like the school nurse to assist me in locating a clinic for my child.

Parent/Guardian  
(PRINTED) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name (PRINTED) \_\_\_\_\_ Grade entering CMCTHS \_\_\_\_\_