



# Eleanor Roosevelt High School

411 East 76th Street • New York, NY 10021 • Tel: 212.772.1220 • Fax: 212.772.1440

Dimitri Saliani, Principal

www.erhsnyc.org

Dear Parent/Guardian:

It is very important for the school nurse to be aware of any medical condition(s) and/or if your child takes any type of medication. Please submit this form and the 504 form as needed with the student's school application.

Thanks for your cooperation!!!

NAME:	OSIS nr:	DOB:
-------	----------	------

My child has:

( ) **NO HEALTH** PROBLEMS AND HE/SHE **IS NOT TAKING** ANY TYPE OF MEDICATION

( ) **ASTHMA - YOU NEED TO FILL OUT A 504 FORM \*\***

( ) **DIABETES - YOU NEED TO FILL OUT A 504 FORM \*\***

( ) **ALLERGY TO** \_\_\_\_\_

( ) mild reaction signs/symptoms are \_\_\_\_\_

( ) moderate - **YOU NEED TO FILL OUT A 504 FORM \*\***

( ) severe - **YOU NEED TO FILL OUT A 504 FORM \*\***

( ) TYPE OF HEART CONDITION: \_\_\_\_\_

( ) WEARS GLASSES FOR \_\_\_\_\_

( ) OTHER MEDICAL CONDITION: \_\_\_\_\_

**\*\* You may download the 504 F from the <http://schools.nyc.gov/Offices/Health/SchoolHealthForms/default>. or get the forms from school nurse. 504F is mandatory for students taking any type of medication during school hours. 504F is valid for one school year and it has to be renewed every school year.**

**KEEP YOUR CHILD'S IMMUNIZATION UP-TO-DATE TO AVOID NYC MANDATORY EXCLUSION FROM SCHOOL, ESPECIALLY IF YOUR CHILD HAS BEEN ADMITTED PROVISIONALLY.**

Ri Langsam, school nurse, Room 304

Tel: (212) 772-7834, ext 3051

Fax: (212) 772-1440 Attn. School Nurse

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone nr.

\_\_\_\_\_  
Date