



Morris Hills High School



520 West Main Street Rockaway, NJ • 07866-3799
Main: 973-664-2309 • School Counseling: 973-664-2329

Todd M. Toriello,
Ed.D.
Principal
973-664-2301

Robert Merle, Jr.
Assistant Principal
Discipline Grades 9&11
973-664-2303

Gene Melvin
Assistant Principal
Discipline Grades 10&12
973-664-2357

Emily Barkocy
Assistant Principal
Student Attendance
973-664-2305

Robert Haraka
Athletic Director
973-664-2307

Yesenia
Rivera-Carney
School Counseling
Supervisor
973-664-2313

HEALTH SERVICES

All grade 9 students and new entrants to Morris Hills High School are required to have a comprehensive physical examination which includes examination of their ears, nose, throat, heart, lungs, abdomen, and back. Additionally, an examination for hernia and scoliosis are included. This examination should be completed at the student's doctor's office or medical clinic by the healthcare provider of your choice.

The results of the examination conducted must be documented on the district Medical Examination Form. The examination is acceptable up to 365 days prior to entry to the school district. Parents/guardians who wish to have this examination completed at their doctor's office or medical clinic must return the district Medical Examination Form which will be kept on file in the Health Office.

The physical examinations submitted for students presently participating on a Morris Hills sports team, Marching Band, Cheerleading or Ski Club do not have to submit another physical examination to meet this requirement. (Please refer to the Morris Hills High School Student /Parent Handbook for more information about sports physicals.)

Please remember that regular physical examinations are important at least once during significant developmental stages such as adolescence (grades 7-12) to help ensure that your son/daughter maintains good health.

All physicals must be in the Health Office by **October 4, 2024.**

MORRIS HILLS HIGH SCHOOL

HEALTH DEPARTMENT

(973) 664-2332

Dear Doctor:

Please complete the following information:

NAME	AGE	DATE OF BIRTH
Height		Ears
Weight		Nose
Blood Pressure		Throat
Pulse		Heart
Respiration Rate		Lungs
Vision		Hernia
Hearing		Deformities
Skin		Scoliosis
Other Defects		

Physician Signature

Name

Address

Date of Physical

OTHER INFORMATION

**MORRIS HILLS HIGH SCHOOL
HEALTH OFFICE**

In accordance with school policy, should it become necessary for your child to take medication during school hours, the following procedure must be followed before the school nurse will administer medication.

The medication must be brought to the Health Office in a pharmacy-labeled container with your child's name, date, name of medication, dosage schedule, and physician's name. (Parent may request duplicate containers when Rx is filled.) Over-the-counter medication must be supplied by the parents or guardians in the original container.

Pupils requiring prescription medications or over-the-counter medication in school must have the following completed and on file in the Health Office.

To be completed by parent/guardian and physician:

Student's Name: _____ Grade: _____

Name and dosage of medication: _____

Reason for medication: _____

Time to be given: _____

I, _____ give permission for my child, _____

to receive _____ (medication) as directed.

_____	_____	_____
Date	Parent/Guardian Signature	Telephone #

_____	_____	_____
Physician's Name (please print)	Date	Address

_____	_____
Physician's Signature	Telephone #

THESE AUTHORIZATIONS MUST BE RENEWED EACH SCHOOL YEAR