



Chittenden Central Supervisory Union

Serving the Essex Junction, Union #46, and Westford Town School Districts

51 Park Street
Essex Junction, VT 05452
On-line: www.ccsuvt.org

p: (802) 879-5579 f: (802) 878.1370

Yearly Health Information Form

Student Name: _____ Grade _____ Gender _____

Daytime Phone Numbers for Illness or Emergency _____

Primary Physician: _____ Physician's Phone Number _____

Please list all **Medical Conditions /Health Needs** below
(Attach additional pages if necessary)

Please list all **Medications** taken by the student below
(Attach additional pages if necessary)

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Note: A medication form signed by parent and physician is required for all prescription medications to be given at school

Does student have medical insurance? Yes ___ No ___ Does student wear glasses/contacts? Yes ___ No ___

Has student had a dental checkup in the last year? Yes ___ No ___

Has student had a well child/adolescent exam in the last year? Yes ___ No ___

Has student received immunizations* in the last year? Yes ___ No ___

* Bring/send or fax a copy of recent immunizations to the school nurse.

I authorize the school to contact my child's healthcare provider for necessary medical information Yes ___ No ___

NOTE: Many children will decide at the beginning of a sport season to try out for a sport. To avoid disappointment and last minute stress, please forward a copy of your child's last physical/well child exam to the school nurse as soon as possible to be kept on file. *A complete physical exam must be on record every two years if a student plans to participate in intramural or interscholastic sports.*

Please check below to give permission for your student to take the following over the counter medications:

Acetaminophen/(Tylenol) ___ Ibuprofen (Advil/Motrin) ___

Please contact the school nurse if you wish to send in other over the counter medications for your student.

The school nurses may use over the counter skin medication (e.g. Bacitracin, Calamine, Caladryl) at their discretion. If you have objections to the use of these medications on your child, please contact the school nurse immediately.

EMERGENCY CARE /TREATMENT: In the event of a serious injury or illness, emergency services will be called and parents contacted as soon as possible. If necessary, the student will be transported to the hospital for treatment.

Parent/Guardian signature _____ Date _____