

HEALTH INFORMATION

Student: _____ Grade: _____ Gender: _____

Student's Physician: _____ Physician's Phone Number: _____

Best Daytime Phone Number: () _____

Does this child have health insurance? (for example: Blue Cross, MVP, Dr. Dynasaur, Vermont Health Plan, others): Yes NO

Does child have health needs the school nurse should be aware of such as asthma, allergies, diabetes, seizures, or any condition resulting from illness or injury? Please describe. Attach additional pages as necessary:

Does child require medication at home? Yes NO

If yes, please list medication and reason: _____

Does child require medication at school? Yes NO

If yes, please list medication and reason: _____

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

Does child wear glasses/contact lenses? Yes NO Has child had a dental check-up in the last year? Yes NO

Have any immunizations been given in the last year? Yes NO *If yes, please send a copy of the immunization(s) given to the School Nurse*

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, forward a copy of your child's last physical 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.

PERMISSION FOR ACETAMINOPHEN (TYLENOL) and/or IBUPROFEN (ADVIL)

I give permission for my child _____ to be given the following non-prescription medication as needed during the school day:

Acetaminophen (Tylenol) Yes NO
Ibuprofen (Advil) Yes NO

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 directly.

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 child will be transported to the hospital for treatment.

Parent/Guardian Signature

Date

If any changes occur to the health information provided please contact the school nurse as soon as possible.