MSAD 49 Annual Student Health Form

Student Name _____ Date of Birth _____ Grade: ____ School Year _____

Primary Healthcare Provider: _____Dentist: _____

Other specialists: _____

Yes	**No**		
		Accident (broken bone, head injury, major trauma etc) Please explain →	
		ALLERGIES: **1. LIFE THREATENTING** (bees stings or other) Specify allergy: _____	My student will have an epi-pen at school: ☐ Yes ☐ No Describe previous reactions:
		2. Medication Allergy	
		3. Simple Allergy	
		Asthma	My student will be using an inhaler/nebulizer at school: ☐ Yes ☐ No Type of inhaler/nebulizer:
		Diabetes (circle one) Type 1 Type 2	Insulin Dependent? ☐ Yes ☐ No If yes, please see the school nurse to develop a diabetes care plan for your child.
		Hearing Problem	Repeated ear infections? ☐ Yes ☐ No Hearing aid: ☐ Yes ☐ No Tubes in ears? ☐ Right ☐ Left ☐ Both ☐ N/A
		Speech Problem	Currently receiving speech therapy? ☐ Yes ☐ No
		Vision Problem	Wears glasses: ☐ Yes ☐ No Wears contacts: ☐ Yes ☐ No
		Heart Condition	List condition: Any restrictions? ☐ Yes ☐ No If yes, please describe:
		Concussion (diagnosed by healthcare provider)	How many concussions? _____ Date of most recent concussion (M/YYYY): _____
		Seizures	Describe seizures: Date of last seizure: _____ How frequent are seizures? _____ My child requires emergency seizure medication at school: ☐ Yes ☐ No
		Emotional Issues (i.e anxiety, depression, PTSD, sleep issues) Please specify →	
		ADHD/ADD	On medication? ☐ Yes ☐ No
		Past surgeries? Please specify →	
		Other health conditions/issues?	

Parent/guardian: Please complete BOTH sides of this form. Approved 4/2017

Student Name: _____ Date of Birth: _____ Grade: _____

Please list all current medications/supplements your child takes and the reason he/she is taking each medication: _____

_____

_____

Will your child need to take daily or as needed prescription or over-the-counter medication at school (other than acetaminophen or ibuprofen, which can be administered at school with parent/guardian permission)? ☐ Yes ☐ No

- If yes, a separate medication permission form needs to be filled out and signed by a parent/guardian AND prescribing healthcare provider (even for over-the counter medications other that Tylenol/ibuprofen). The medication permission form can be found on your school's website or your school nurse can provide one for you upon request.

Name of parent completing this health update form (please print): _____ Date: _____

MSAD 49 Consent for Over-the-Counter Medications

FOR STUDENTS GRADES 7-12

I give permission for my child _____ to receive the medication I have indicated below as deemed necessary and appropriate by the school nurse. I understand the generic equivalent of the below named medications may be used in place of the more expensive brand name items.

Per school physician standing orders and school policy, the school nurse or his/her trained designee can administer over-the-counter pain medication to your student with parent/guardian permission. Dosage of medications administered will determined by age/weight per school physician standing orders. Please indicate any or all over-the-counter medications you wish made available to your child by the school nurse or his/her trained designee.

Check off boxes below please:

☐ Acetaminophen (also known as Tylenol) for mild pain/fever

☐ Ibuprofen (also known as Advil, Motrin) for mild pain/fever

OR

☐ **I <u>do not</u> want ibuprofen and acetaminophen given to my child at school.**

I understand the above medications I have checked will be administered to my student by the school nurse or his/her trained designee in accordance with Maine state law, MSAD 49 protocol, and signed medication orders by the school physician consultant.

Parent Signature: _____ Date: _____

MSAD 49 Consent for Exchange of Healthcare Information

To be completed for students in ALL grades

Student Name: _____ Date of Birth: _____

I <u>DO</u> <u>DO NO</u>T (circle one) give permission for the exchange of information between my child's healthcare provider(s) and the school nurse at MSAD 49. I further understand my consent is voluntary and may be revoked (taken back) at any time in writing. This consent for exchange of information is effective for the current school year indicated: _____

(Current School Year)

Parent/Guardian Signature: _____ Date: _____

Parent/guardian: Please complete BOTH sides of this form. Approved 4/2017