

STUDENT HEALTH FORM for STAYCATION & SUMMER PROGRAMS

Please submit a copy of your child's annual physical examination record in addition to this form.

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

Emergency Contact

1. First Name: _____ Last Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____ Email: _____

2. First Name: _____ Last Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____ Email: _____

Allergies

Is your child allergic to food, medication, insect, etc.? Yes No
If yes, is an EpiPen/Auvi-Q required for allergy? Yes No
If yes to either of the above, please list allergen(s): _____

Medications

Does your child take any medication on a regular basis at home? Yes No
If yes, please specify name of medication(s) and reason(s): _____
Will this medication need to be administered while at Minuteman? Yes No

Health Information

Physician's Name: _____ Phone: _____
Health Insurance: Yes No Health Insurance Provider: _____

Does your child have diabetes? Yes No
Does your child have a seizure disorder or history of seizure(s)? Yes No
Does your child have asthma? Yes No
If yes, is an inhaler required? Yes No
Does your child have a physical condition and need use of an elevator? Yes No
If yes, please explain _____

Please add further information regarding physical or emotional needs that you feel are necessary to facilitate the health and well-being of your child: _____

Medication Permission

Please check yes or no as consent for the nurse to administer medication during school:

- Acetaminophen (Tylenol) Yes No
- Diphenhydramine (Benadryl) (allergic reactions only) Yes No
- Ibuprofen (Motrin) Yes No
- Tums (Calcium Carbonate) Yes No

Release of Information

In order for a nurse to obtain information such as immunizations or physical exams from your child's physician or previous school, please sign below.

Parent Signature: _____ **Date:** _____

By signing below, I acknowledge that the information I have provided is accurate.

Parent Signature: _____ **Date:** _____