

Health Manual

**MONTVILLE BOARD OF EDUCATION
ELEMENTARY EMERGENCY HEALTH FORM**

Student's Name _____ Gr. _____ Teacher _____

Home Address _____ Home Phone _____ Date of Birth _____

Father's/Guardian's Name _____ Cell Phone _____

Place of Employment/ Occupation _____ Work Phone _____

Mother's/Guardian's Name _____ Cell Phone _____

Place of Employment/ Occupation _____ Work Phone _____

Child lives with: (circle) Both parents Father Mother Step Parent Guardian

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Two (2) local people the school may call when parents/guardians cannot be reached: (other than parents/guardians)

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

In the event of an emergency requiring an ambulance, I give permission to have my child taken to Backus _____ or Lawrence & Memorial _____ Hospital.

MEDICAL CONDITIONS: I give my permission to share information regarding my child's medical condition with the appropriate staff personnel.

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

1. Can your child participate in all activities, including physical education? (circle) Yes No
If no, limitations? _____

2. List any allergies? _____
Is medication is required? (circle) Yes No What? _____

3. State any health problems (seizures, asthma, heart condition, diabetes, vision or hearing loss)

4. State any medication that your child is taking _____

5. If your child was hospitalized during the past year, give date and reason _____

ADMINISTRATION OF PRESCRIPTION MEDICINE: Medication will be given in the schools only upon written order from the family physician and written parental permission. Forms are available through the school nurse. Medication must be brought to the school nurse by the parent or guardian in a current pharmacy-labeled bottle.

MEDICAL EXCUSES: Extended excuses from gym and all other normal children's activities will be granted only upon a written statement from the child's physician. Crutches and other appliances in school are not allowed unless accompanied by a doctor's note.

Name of Siblings:

School:

