

Montville High School Emergency Health Form
RETURN TO HOMEROOM TEACHER ON THE FIRST DAY OF SCHOOL

Current School Year _____ **Student's Current Grade** _____

Student Name _____ **Date of Birth** _____

Home Address _____

Primary parent/guardian that student lives with:

Name _____ Relationship _____ Phones _____

Name _____ Relationship _____ Phones _____

List all other adults who can dismiss the student if the primary parent cannot be reached:

Name _____ Relationship: _____ Phones _____

Name: _____ Relationship _____ Phones _____

Name _____ Relationship _____ Phones _____

Name of student's physician _____ **Dentist** _____

Other School Age Children Living at Home:

Name _____ School Attending _____

Name _____ School Attending _____

IMPORTANT INFORMATION RE: MEDICATION AT SCHOOL

Tylenol (Acetaminophen) and Ibuprofen (Advil/Motrin) may be taken at school up to three times/month with written parent consent. **The nurse does NOT provide these medications.** These medications must be delivered to the nurse's office by an adult *AND the parent completion of a med administration form.* Forms can be obtained by the nurse or main office and completed by the parent when the med is delivered. Students may carry cough drops for self-administration.

Any other medication (prescription or over the counter), or increased frequency of acetaminophen or ibuprofen administration, to be taken during the school day requires a medication administration order **signed by a physician.** Forms can be obtained from the school website, main office or school nurse
Please contact the school nurse if you have any questions or concerns.

(OVER-PLEASE COMPLETE REVERSE SIDE)

UPDATED HEALTH INFORMATION

1. Can your child participate in all school related activities, including physical education?

Yes ___ No ___ (may require MD documentation) If no, please explain _____

2. Have any of the following conditions **been diagnosed by a physician?**

List life threatening or severe allergies & treatment prescribed (EpiPen, Benadryl, other)	Yes	No	List Medication/treatment Parent provides with MD order		
Anaphylactic Food allergy? To what food?					
Medication Allergy to what med?					
Anaphylactic Bee Sting Allergy					
Anaphylactic Latex Allergy					
Other life threatening allergies to:					
Asthma					
Other Respiratory Condition					
Diabetes					
Seizures (note date & type of last seizure)					
Heart Condition (past or present)					
Urinary Condition (past or present)					
Hearing Problems (past or present)					
Vision Problems (past or present)					
Scoliosis					
ADHD					
Depression/ mental health issue (past or present)					

Please list any other medical condition, serious illness, injury or surgery your child has had.

3. List all medications taken at home or in school, prescription and over the counter.

4. In the event of an emergency requiring an ambulance, which hospital would you like your child transported to: Backus Hospital__ or Lawrence & Memorial Hospital_____.

5. Please contact the school nurse if there is any other medical information that you would like the school nurse to know. **Health related information is not carried over and must be updated yearly on the emergency health form.**

I authorize the health info on this form to be shared with appropriate staff members.

Signature of Parent/Guardian

Date