

Student Emergency Health Information Form

Student Name: _____ **Date of Birth:** _____ **Grade:** _____
Sending High School: _____ **Shop:** _____ **OR/ Exploring** _____
Custodial Parents/Guardians Names: _____
Child lives with: _____
Language(s) spoken at home: _____
Address: _____ **Town/Zip:** _____
Student's Cell#: _____ Do you give permission for the Nurse to call your child directly? Yes No

Emergency Contacts

Please list parent/ guardian and 2 other responsible adults who may pick up your child

| | | |
|---------------------------|---------------------|----------------|
| Parent / Guardian: | | Phone # |
| 2nd Name: | Relationship | Phone # |
| 3rd Name: | Relationship | Phone # |

Medical Information

Student health conditions: _____
Please list any allergies: _____
Please list any medications currently being taken at home: _____
Does he/she need medication at school? _____ Name of Medication: _____
Does your child have a special medical condition and /or Special Health Care Plan? Yes No

Please circle if your child has:

Asthma (Uses Rescue Inhaler): _____
Life threatening Allergy:(to) _____ **EpiPen used:** Yes No
Seizures (Has a rescue Medication): YES or NO

Depression/Anxiety **ADHD/ADD** **Diabetes** **Cardiac Conditions/ Specify:** _____

Hearing Difficulties (Please Specify) _____ **Vision Problems (Please Specify)** _____
Other: _____

Please send the **Medication Order** and **Health Action Plan** (if applicable) to the nurse before school starts. Nurse private Fax Phone # 413-735-6320. Children with inhalers or EpiPen's, if deemed appropriate by the prescribing provider can self-administer, please have the provider indicate that on the medication order. Example: "Can carry and self-administer". For all other medications, they must be brought in by a parent/guardian in their manufacturer labeled container, no more than a 30-school day supply. In addition to the above, a consent form for administration must be signed in accordance with state regulation 105CMR210.00. Medications can be retrieved on the last day of school by 2:30pm. Medications not collected will be destroyed.

I give my permission to the school nurse to administer the following over-the-counter medications to my child, according to established protocols, as indicated by my signature below.

- To the best of my knowledge, my child has no allergy/sensitivity to any of the below named products and I approve the administration of these items as needed.

I do NOT agree to the following items:

1. Petroleum Jelly for dry, chapped lips
2. Aloe Vera 100% Gel (for minor burns)
3. Antibiotic Ointment Bacitracin with zinc, 500U
4. Eyewash Solution; Purified Water 98.3%
5. Anti-itch Cream (May contain hydrocortisone & Zinc Acetate 0.1%)
6. Acetaminophen; 325 mg tabs
7. Ibuprofen; 200 mg tabs
8. Diphenhydramine (Benadryl; for allergic reactions ONLY)

Parent/Guardian Signature: _____ Date: _____

All other medications require a written MD order and a written parental permission

In case of an emergency, the school will attempt to contact a parent/guardian before calling a student’s primary care provider. If necessary, your child will be transported by ambulance to an emergency care facility.

- I give permission for the school nurse to share relevant health information with my child’s health care provider for referral, diagnosis or treatment for this school year.
- I give permission to my child’s doctor _____ to release to the school nurse information which they believe to be in the best interest of my child.
- I give my permission to the school nurse to share information relevant to my child’s health with appropriate school personnel.
- My signature below acknowledges understanding that the school nurse can obtain my child’s school health records from the sending district.
- My signature below attests that the above information is correct. Should any changes occur, I understand that I am responsible for notifying the school nurse.

Parent/Guardian Signature: _____ Date: _____

Primary Care Provider: _____ Phone: _____

Dentist: _____ Phone: _____