NORWICH FREE ACADEMY

Medical Center

## Special Health Conditions and Medical Information Form

To better care for your child, please provide us with the following information. Notify the Medical Center of any changes throughout the school year.

Student Name_____ Date of Birth _____ Grade_____
Parent/Guardian Name_____
Address_____ Phone _____
Primary Physician_____ Phone _____

Please circle **Y** if "yes" or **N** if "no". Explain all "yes" answers in the space provided below.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Allergies to food or bee stings | Y | N | Neck or back injuries | Y | N | Bleeding disorder | Y | N |
| Allergies to medication | Y | N | Muscle or joint injury | Y | N | Asthma | Y | N |
| Any other allergies | Y | N | Excessive Weight gain/loss | Y | N | Seizures | Y | N |
| Medication required for allergy | Y | N | Concussion(s) | Y | N | Diabetes | Y | N |
| Vision problems | Y | N | Fainting or blacking out | Y | N | ADD/ADHD | Y | N |
| Hearing problems | Y | N | Heart problem | Y | N | Gastrointestinal condition | Y | N |
| Speech problems | Y | N | High blood pressure | Y | N | Chronic headaches | Y | N |
| Learning disability | Y | N | Surgeries | Y | N | Routinely taking medication | Y | N |
| Immunodeficiency | Y | N | Depression/Psych. Diagnosis | Y | N | Other | | |

Please explain all "yes" answers below to include dates and details. If taking medication (routine or as needed) list name of medication, dose and reason for taking medication.

_____
_____
_____

**Should your child have any limitation that would restrict him/her from participating in school activities, including gym, we need documentation from your child's licensed care provider stating the specific restrictions required and the reason.**

Postural Screening for scoliosis (curvature of the spine) is required per CT law on all ninth grade male students who did not receive testing in grade 8 and will be performed in the Medical Center.

Does your child have health insurance? Yes ☐ No ☐

If your child is uninsured and you would like to participate in Connecticut's HUSKY Plan, the application can be downloaded at http://www.huskyhealth.com. If you would like more information concerning the plan, you may contact HUSKY Information Hotline at 1-877-284-8759.

List specialists, clinics, therapists, or other health care providers consulted for your child, the condition involved, and dates of the most recent exam. Norwich Free Academy may contact health care providers/physicians listed as needed.

| Health Care Provider | Condition | Date Last Seen |
|---|---|---|
| | | |
| | | |

_____ _____
Parent/Guardian Signature Date