



WESTPORT COMMUNITY SCHOOLS

Office of School Health Services

Student Medical Update / Parental Consent Form

(Please complete and return to school immediately. Contact school nurse with any questions)

Student Name _____ M / F
Last First Middle

Grade _____ Homeroom/Teacher _____ Date of Birth ____/____/____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

Does your child have health insurance? YES NO Health insurance name _____

Physician: _____ Phone _____ Last Physical _____
 Dentist: _____ Phone _____ Last Exam _____

Student Medical History (please answer all questions and provide details for each YES response)

| | | | | | |
|------------------------------|-----|----|--|-----|----|
| ADD / ADHD | YES | NO | Vision Problem | YES | NO |
| Autism Spectrum Disorder | YES | NO | Wears Glasses | YES | NO |
| Asthma / Respiratory | YES | NO | Hearing Problems | YES | NO |
| Diabetes | YES | NO | Wears Hearing Aide | YES | NO |
| Emotional Condition | YES | NO | Skin Condition | YES | NO |
| Gastrointestinal Issue | YES | NO | Allergy to Food | YES | NO |
| Headaches | YES | NO | Allergy to Medication | YES | NO |
| Heart Condition | YES | NO | Seasonal Allergy | YES | NO |
| Seizure Activity | YES | NO | Other Allergy | YES | NO |
| Bone/joint disease or injury | YES | NO | Does your child have an allergy that requires epinephrine for accidental exposure? | YES | NO |
| Head injury or Concussion | YES | NO | | | |

Details of YES responses / Other significant information: _____

(Use back of form if you need more space for details)

Can your child participate in our Physical Education (GYM) program? YES NO

Does your child take medication at home? YES NO

If yes, please list: _____

Does your child take medication at school? YES NO

If yes, please list: _____

(All) medications given at school must have a physician's order, parental consent and be transported to school by an ADULT)

Tylenol (Acetaminophen), for minor pain, will be available to students at **WHS (Grades 9-12)** per school standing order from Dr. Callen, school physician, **with signed parental consent in box:** _____ **YES, my child may have Tylenol (acetaminophen) per school standing order.**

Parent / Guardian signature _____ **Date** _____

In case of medical emergency, the school will attempt to contact the parent/guardian before calling an ambulance or the student's physician. Your child will be transported by ambulance to an emergency care facility if necessary. I give permission for the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Signature

Date