WINDSOR SOUTHEAST SUPERVISORY UNIO
Hartland • Weathersfield • Mount Ascutney School Districts

105 Main Street, Suite 200 • Windsor, Vermont 05089
Phone (802) 674-2144 • Fax (802) 674-6357

Town of Residence: _____Hartland _____ Weathersfield _____ Windsor _____ West Windsor _____ Cornish

Personal Information (PLEASE PRINT):

Student's **Legal** Name:____

Last Name First Name Middle Name

Date of Birth:______________________ **Legal** Gender: ______ Male ______ Female

Guardian Name #1:_____________________________________ Home Phone:_____________________

Cell Phone:______________________________ Work Phone:______________________________

Address:____

Guardian Name #2:_____________________________________ Home Phone:_____________________

Cell Phone:______________________________ Work Phone:______________________________

Address:____

Marital Status: ____Married ____Divorced ____Remarried ____Single ____Separated ____Other

Emergency Contact (other than parent/guardian):

Name:____ Phone Number:_______________________

Name(s) of anyone who is forbidden to have access to this child:____________________________

Health Insurance: Does your child have health insurance _____Yes _____No

Type of Insurance: _____Private _____Medicaid _____Dr. Dynasaur _____Other____________________

Social and Family History:____

____

Family Medical History:____

____

Student's Doctor:_____________________________________ **Phone Number**:__________________

IMPORTANT! Please provide Student Physical Examination Form completed by your healthcare provider.
IMPORTANT! Please provide student's current immunization record.

Medical History:

List any PRESCRIPTION medication your child takes:

Name of Medication Doseage How Many Times Per Day?

____ ______________ ____________________________

____ ______________ ____________________________

List any OVER-THE-COUNTER medicines, herbal or homeopathic remedies your child takes:

Name of Medication Doseage How Many Times Per Day?

____ ______________ ____________________________

____ ______________ ____________________________

HEARING History:

Date of last hearing exam:__________________________ Where:____

Hearing Devices? ____Yes ____No Special Classroom Consideration:____

Ear Tubes: ____Yes ____No If YES – When inserted?____

Ear Specialist:____ Phone Number:_______________________

VISION History:

Date of last eye exam:______________________ Where:____

Corrective eye wear: ____Yes ____No If Yes, what type:__________________________ Patching: ____Yes ____No

Other eye problems? (i.e. injury, muscle problems):____

Ear Specialist:____ Phone Number:_______________________

DENTAL History:

Dentist:____ Phone Number::______________________

Date of last dental exam:___________________________________ Results:_____________________________________

Orthodontist:____ Phone Number:_______________________

Other oral health issues/problems (i.e. injury, surgery)____

BIRTH History Birth Weight___________________ Isolette/Incubator? ____Yes ____No

Pregnancy complications (i.e. prolonged labor, c-section, toxemia):____

Birth Complications (i.e. breatihng, jaundice, etc):____

Past Hospitalizations:____

____

Social and Family History:

Has your child experienced any physical problems that may affect adjustment to school?__________________________________

____

Are there any smokers in the household? _______Yes _______No

SAFETY	Does your family:	Use seat belts/safety seats?	_______Yes	_______No
		Use bicycle helmets?	_______Yes	_______No
	Are all firearms locked securely? _______Yes _______No			

HEALTH PROBLEM:	NO	YES (Please explain)
Allergies (Please list)		
Asthma		
Bronchial/Respiratory problems		
Bleeding problems		
Bowel: Constipation or Diarrhea		
Chicken pox		
Diabetes		
Fainting/Blackouts		
Fractures/Sprains		
Headaches (Frequent/Severe)		
Heart Condition(s)		
Hepatitis		
Kidney/Bladder Problems		
Operations		
Seizures/Convulsions		
Sleeping Problems		
Skin Problems		
Other Health Concerns (Physical, Social, Emotional)		

Thank you for helping with your child's healthcare.

____

Parent/Guardian Signature **Printed name of Parent/Guardian** **DATE**