

PLYMOUTH PUBLIC SCHOOLS STUDENT HEALTH QUESTIONNAIRE YEARLY UPDATE

Please complete and return to the school nurse

Student Name _____ Date of Birth _____ M _____ F _____ Date _____

Address _____

Teacher _____ Grade _____

Student Health Information

Known Medical Conditions (List) _____

Medications (name, dose, reason for taking) _____

List any changes that have occurred in your child's physical condition since the last school year _____

Known Allergies and Medications Needed _____

Food Allergy information will be shared with food service department

Student's Physician _____ Telephone _____

Does your child have Medical Insurance? _____ Yes _____ No Insurance Company _____

Emergency Medical Contact Authorization

In case of illness or accident during school hours, please indicate below who should be contacted with all possible phone numbers according to priority. **This will be the order in which we call parents to inform of any concern and to request transport of your child.** Please list the parent's full name and relationship to the child. (mother, father, guardian, step-parent, foster-parent, etc.)

Parent Information _____

Home _____ Work _____ Cell _____

Parent Information _____

Home _____ Work _____ Cell _____

Other Emergency Contacts-List contacts in the order you would like us to call. This will be the approved list of people who can transport your child.

Name	Relationship	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- In an emergency, your child will be transported to the nearest medical facility to obtain appropriate treatment as deemed necessary by the local ambulance service.
- I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school, including contacting my child's listed physician.
- I, the undersigned, do hereby authorize employees of the Plymouth Board of Education to contact directly the persons named on this form and do authorize the named physician to render such treatment as may be deemed necessary in an emergency for the health of the said child.
- In the event that the physician, other persons named on this form, or parents cannot be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

Signature of Parent/Guardian

Date

Form Revised 4/1/16