

Thetford Elementary Health Information Form 2022-2023

Student _____ DOB _____ Grade/Teacher _____

Doctor's Name and Phone Number _____

Dentist's Name and Phone Number _____

Has your child had a physical in the past twelve months? Yes___ No___

Has your child had a dental exam in the past twelve months? Yes___ No___

Would you like to be notified if the Ronald MacDonald Dental Van comes to Thetford Elementary during the school year? (This service is for those who would otherwise go without dental care. Families may apply regardless of what kind of dental insurance they have.) Yes___ No___

Has a health professional ever said your child has asthma? Yes___ No___ Not Sure___

If yes, does your child still have asthma? Yes___ No___ Not Sure___

Does your child have health insurance? Yes___ No___

Does your child have any health problems, illnesses, or disabilities that we should know about?

Please explain how the condition should be managed at school (if a care plan not already in place).

Does your child take any medications on a regular basis?

Medication?	Dose?	Frequency?	Prescribed for?
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any allergies? _____

Do you give permission for the school nurse or designee to administer an age/weight appropriate dose of the following (please initial):

Tylenol/Acetaminophen _____	Triple Antibiotic Ointment _____
Advil/Motrin/Ibuprofen _____	Hydrocortisone 1% Cream _____
Benadryl/Diphenhydramine _____	Benadryl/Diphenhydramine 2% Cream _____
Calamine Lotion _____	Burn Cream _____

NOTE: FOR THE SCHOOL NURSE TO ADMINISTER PRESCRIPTION MEDICATION, THE PHYSICIAN MUST FAX AN ORDER TO THE SCHOOL AND MEDICATIONS MUST BE IN THE LABELED PHARMACY CONTAINERS. PLEASE CONTACT SCHOOL NURSE FOR PRESCRIPTION MEDICATIONS OR MEDICATIONS NOT ON THIS LIST.

In case of an accident or illness, I request the school to contact me. If not able to reach me or my emergency contact listed, I hereby authorize the school personnel to administer basic first aid and seek emergency medical care if appropriate, including notifying my child's doctor and transportation to the emergency room. I hereby authorize the administration of emergency treatment necessary at my expense.

Parent Signature _____ Date _____