

Lamoille Union/GMTCC Health Information

Please complete all questions and mail or fax to: Lamoille Union, 736 VT 15 W, Hyde Park, VT 05655 - (FAX # 888-2997). Student health forms must be completed and sent into the school every year.

Student Name: _____ Date of Birth _____ Grade: _____

Student's Physician: _____ Date of last comprehensive annual well care visit*: _____

*A comprehensive well-care (physical) visit is not an appointment for sickness, injury, or chronic health need.

Student's Dentist: _____ Date of last exam: _____

Does your child have health insurance? Yes ___ No ___

If no, dial 1-855-899-9600 for Vermont Department of Health Connect info

<https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action>

My child has permission to receive the following medications at school according to the instructions on the manufacture's label:

Ibuprofen (Advil) ___ Acetaminophen (Tylenol) ___ Antacid ___ Benadryl ___ Loratadine ___

Has your child had the chicken pox? Yes ___ No ___ If so, please provide the month/year _____

Is your child new to LUHS/LUMS? ___ If so, attach immunization records or Fax to 888-2997.

My doctor's office may share immunization information with the school nurse. Yes ___ No ___

Has a doctor or nurse or other health professional EVER said that your child has asthma? Yes ___ No ___

If yes, does your child STILL have asthma? Yes ___ No ___ Don't know/not sure ___

How is it treated? _____

**Please attach an Asthma Action Plan from your provider and prescription order for inhaler use at school.

Does your child have any Allergies? Please explain:

Does your child have an EPIPEN prescribed by a health professional? Yes ___ No ___

If not, how is their allergy treated? _____

Does your child wear glasses or contacts? Yes ___ No ___ When was your child's last eye exam? _____

Is your child currently being treated for any physical or emotional health condition (Please explain):

Does your child take any medication (prescription, over-the-counter, or herbal) daily? Yes ___ No ___ If so, please list each medication, the dose, and frequency:

Does your child need to take any prescription/non-prescription medication at school? If so, please list each medication, the dose, and time needed and have your child's physician/health provider provide a medication prescription order for the school nurse.

Lamoille North schools will contact emergency services in the event of an emergency requiring their assistance.

***Signature of parent/guardian _____

Relationship to student _____

Date _____