PRESTON PUBLIC SCHOOLS
YEARLY UPDATE AND NEW STUDENT HEALTH INFORMATION

Information provided will be shared with appropriate staff as stated in the Family Education Right and Privacy Act (FERPA)

Student Name: _____ Grade: _____ Teacher: _____

Parent/Guardian Name: _____ Cell Phone: _____

Other Phone: _____ Email Address: _____ Child has Health Insurance __YES __NO

Insurance Provider Name: _____ Phone: _____

Healthcare Provider: _____ Phone: _____

If necessary, may the nurse contact your child's physician? ___YES ___ NO

Has your child been diagnosed with ASTHMA? ___ YES ___ NO

Does your child have a history of SEIZURES? ___ YES ___ NO If yes, please specify: _____

_____

Please list any medication/s your child will need to**:** **TAKE IN SCHOOL**_____
PLEASE NOTE
AUTHORIZATION FORM **MUST BE COMPLETED BY A MEDICAL CARE PROVIDER** AND SIGNED BY THE PARENT/GUARDIAN TO ADMINISTER MEDICATION IN SCHOOL**.** **MEDICATION MUST BE TRANSPORTED TO SCHOOL BY ADULTS ONLY!**

LINK FOR MEDICATION AUTHORIZATION FORM: https://portal.ct.gov/-/media/SDE/School-Nursing/Forms/Medication_Form.pdf

Please list any medication/s your child **TAKES AT HOME** _____

Was your child seriously **ill/sustained injury** or had surgery in previous 12 months? ___ YES ___ NO

If yes, please specify: _____

Is your child allergic to **Insects**? ___ YES ___ NO

If yes, please specify: _____ Medication: _____

Is your child allergic to **Medication/Latex/Other**? ___ YES ___ NO

If yes, please specify: _____

Is your child allergic to **Foods?** ___ YES ___ NO

If yes, please specify: Food (s) _____

Reaction (s) _____

Medication: _____

Is your child **DIABETIC?** ___ YES ___ NO IF YES, **TYPE 1** **TYPE II**

Does your child:

Wear glasses/contacts? ___ YES ___ NO
Wear hearing aids or have hearing problems? ___ YES ___ NO
Have specialized Medical Equipment? ___ YES ___ NO If yes, please specify: _____
Has a diagnosis of ADD/ADHD? ___ YES ___ NO
Has a diagnosis of Anxiety/Depression/Bipolar Disorder? ___ YES ___ NO
Has Headaches/Migraines? ___ YES ___ NO

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____