

To be completed by Parent/Guardian

Student Name:	Birth Date:	Grade:
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It is important when providing care to your student, that the school nurse has the most current health information including significant health concerns and medications. If changes occur during the school year, please contact your school nurse.

Significant health history or restrictions (asthma, food or medication allergy, diabetes, seizures, adhd, heart condition etc): **Please provide signed treatment plan from PCP annually**, if needed for medical condition.

Have there been any changes in your child's health history (ie: new diagnoses or medical condition,
development of new allergies, serious injury or hospitalization?) Yes 🗆 No 🗆 If yes, please list:

Has your child been diagnosed with a concussion? If yes, list date:

Current medications if any:

Is there anything in your child's medical/mental health history you would like us to be aware of?

I give permission to administer dose appropriate:

Acetaminophen (Tylenol): Yes □ No □ Ibuprofen (Advil/Motrin): Yes □ No □

The following over the counter medications are available for students through health services. Parent/guardian permission is required **annually** to administer these medications in accordance with RSU5 Board Policy JLCD. By signing this form you are consenting for your child to receive the following medications at the nurse's discretion: **Bactine, anti-itch cream, antibiotic ointment, cough drops, contact solution, aloe vera, petroleum jelly (Vaseline).**

Physician:	Phone:
Dentist:	Phone:
Other Specialist, Counselor, Eye Care, etc:	
Does your child have Health Insurance: Yes \Box No \Box	Insured under MaineCare: Yes 🗆 No 🗆
Do you need help with finding Dental Care for your	child? Yes \Box No \Box Last dental visit:

Signature required on next page

◆ I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

◆ I authorize exchange of information with my child's physician for required school physical examination, immunization records, and health concerns.

◆ I recognize that school personnel will take the appropriate steps in a medical situation, including calling Rescue 911.

Parent/Guardian Signature:Date:_Dat
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Parent/Guardian Print Name:_____

Students entering Pre-K, Kindergarten, 3rd, 6th, 9th, 11th Grades & Transfers need to provide:

- Current **IMMUNIZATION RECORD**
- The **STUDENT PHYSICAL EXAM** Form must be completed & signed by their PCP.
- The **STUDENT HEALTH HISTORY / MEDICATION PERMISSION** completed annually by parent/guardian.

If you are unable to meet these requirements because of financial, religious, or other considerations, or if you have any questions/concerns that you would like to discuss, please don't hesitate to contact your building school nurse:

HEALTH SERVICES TEAM

Freeport High School

Phone: 865-4706 x4 Fax: 865-2900 Emily Guyer RN, BSN,NCSN guyere@rsu5.org

Freeport Middle School Phone: 865-6051 x130 Fax: 865-2902 Maureen Erskine RN, BSN erskinem@rsu5.org

Durham Community School

Phone: 353-8249 Fax: 353-2731 Kim Gormely RN, BSN gormelyk@rsu5.org

Mast Landing School

Phone: 865-4561 x2 Fax: 865-2909 Erika Skiff RN, BSN <u>skiff@rsu5.org</u>

Morse Street School

Phone: 865-6361 x2 Fax: 865-2903 Brooke Rich RN, BSN, MEd <u>richb@rsu5.org</u> Shannon Sampson RN, BSN <u>sampsons@rsu5.org</u>

Pownal Elementary School

Phone: 688-4832 x16 Fax: 688-4872 Abigail Leavitt RN, BSN leavitta@rsu5.org