

Monomoy Regional School District Medical history Form

Harwich Elementary Chatham Elementary MR Middle School MR High School

Last Name First Name Middle Name

Date of Birth Gender

Date of Enrollment Grade Entering

Parent/Guardian Name Emergency Contact Number

Family Physician/Source of Medical Care Phone Number

Address

Family Physician/Source of Medical Care Phone Number

Address

Does your child have the following:

Condition	Yes	No	Medication		History Ear Infections		Hearing Exam in past year		Vision Problems		Date of exam
			Yes	No	Yes	No	Yes	No	Yes	No	
Asthma					Yes	No	Yes	No	Yes	No	
Seizures/Convulsions											Eye Doctor
Diabetes					Tubes		Date of exam		Glasses		
Kidney Problems					Yes	No			Yes	No	
Heart Problems							Specialist seen				
Speech Problems					Hearing problems				Exam Past Year		
History of Chicken pox			Date		Yes	No			Yes	No	

Hospitalizations/Serious Injuries/Trauma – Please explain and give dates

Medications (Please list any medication your child takes (***please note policy on giving medications in school***))

Social/Emotional/Behavioral/Mental Health Concerns

Other Medical Information

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

Parent Signature Date

**Monomoy Regional School District
School Health Services**

Permission to Administer Over-the-Counter Medication

Student Name	<input type="text"/>	Date of Birth	<input type="text"/>	Grade	<input type="text"/>
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Allergies	<input type="text"/>
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The School Nurse may, as a result of a nursing assessment, administer Acetaminophen (Tylenol) or Ibuprofen (Advil) for fever or pain/discomfort, Antacid tablets (Tums) *ages 12 and up* for heartburn/upset stomach, and Diphenhydramine (Benadryl) for minor, non-life threatening signs of allergic reaction (hives, localized itching, and/or rash). Although it is preferable that an individual order from the student's health care provider is on file in the Nurse's Office, use of the Monomoy Regional School District's Standing Order for the above medication is an option for a limited number of medication administrations. Dosage dispensed will be in accordance with the manufacturer's/label instructions.

Please note if there is a contraindication for your child to receive any of the above medications:
<input type="text"/>

Parental Releases:

Signature and Date

By signing below I give consent for medication administration to my child for the above over-the-counter medication.	<input type="text"/>
By signing below I grant permission for the School Nurse to share information relevant to my child's health condition with appropriate school personnel on a need to know basis to ensure my child's health and safety needs.	<input type="text"/>
I grant permission for the school nurse to exchange information with my child's healthcare provider. All information will be kept strictly confidential and used only to provide appropriate individualized healthcare services for my child while in school or school related activity.	<input type="text"/>