



WESTPORT COMMUNITY SCHOOLS

Office of School Health Services

Student Medical Update / Parental Consent Form

(Please complete and return to school immediately. Contact school nurse with any questions)

Student Name _____ M / F

Grade _____ Homeroom/Teacher _____ Date of Birth _____ / _____ / _____

Does your child have health insurance? YES NO Health insurance name _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

Can your child participate in our Physical Education (GYM) program? YES NO* *If NO, then please explain restrictions

Physician: _____ Phone _____ Last Physical _____

Dentist: _____ Phone _____ Last Exam _____

Student Medical History (please answer ALL questions and provide details for each YES response)

Does your child have an allergy that requires epinephrine for accidental exposure? YES NO

Allergy to Food (specify) _____ YES NO

Allergy to Medication (specify) _____ YES NO

Seasonal Allergy YES NO

Other Allergy (specify) _____ YES NO

Head injury or Concussion YES NO

Vision Problem / Wears Glasses YES NO

Hearing Problems / Hearing Aide YES NO

ADD / ADHD (circle which) YES NO

Autism Spectrum Disorder YES NO

Asthma / Respiratory (circle which) YES NO

Diabetes YES NO

Heart Condition YES NO

Seizure Activity YES NO

Bone/joint disease or injury YES NO

Skin Condition YES NO

Emotional Condition YES NO

Gastrointestinal Issue YES NO

Headaches YES NO

Details of YES responses / Other significant information:

(Use back of form if you need more space for details)

Does your child take medication at home? YES NO

If YES, list names / dosages of medications:

Does your child require medication that they will take (either scheduled or as needed) during the school day? YES NO

If YES, list names of medications:

***ALL medication given in school must have a physician's order, parental consent and be brought to School Nurse by an ADULT**

The information on this form will be used in the event that your child has a medical emergency during school. In case of a medical emergency, the school will attempt to contact the parent/guardian before calling an ambulance or the student's physician. Your child will be transported by ambulance to an emergency care facility if necessary. I give permission for 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 exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Signature

Date