

Westborough Public Schools
STUDENT HEALTH INFORMATION

Grades 4 - 12

Vision screenings are done in grades 4, 5, 7, & 10. Postural Screenings are done in grades 5-9. SBIRT screenings are done in grades 7 & 9. Hearing screenings are done in grades 7 & 10. Height and weight screenings are done in grades 4, 7, & 10. Please notify the school nurse if you do not want your child to participate in any of these mandated screenings.

Student's Name _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____

Parent/Guardian _____

Can dismiss student: ☐ Y ☐ N

Employer _____

Work Phone _____

Cell Phone _____

Parent/Guardian _____

Can dismiss student: ☐ Y ☐ N

Employer _____

Work Phone _____

Cell Phone _____

Child lives with _____ Language spoken at home _____

Siblings/ages _____

EMERGENCY CONTACTS (Local adults who will care for your child if you cannot be reached)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

HEALTH CARE PROVIDERS

Doctor/NP/PA _____ Phone _____

Dentist _____ Phone _____

Health insurance Company _____ Policy # _____

If you do not have health insurance, please contact the school nurse for information about Massachusetts programs.

MEDICAL/MENTAL HEALTH CONCERNS: (such as asthma, diabetes, heart conditions, seizures, migraines, anxiety, depression, ADHD, etc. Please attach additional pages if necessary)

ALLERGIES: ☐ Food ☐ Insects ☐ Medication ☐ Environmental ☐ Other _____

Please specify details of the allergy, treatment, and if the student has an EpiPen:

If your child requires medicine or any special treatment while at school, please contact the school nurse. A signed order from a licensed prescriber and parental permission is required for treatment or medicines given at school (except as noted below).

- I give permission for the nurse to provide minor first aid treatment which may include the application of antibiotic ointment or skin care products such as a mild cleanser, hand lotion, or lotion with Caladryl, aloe, or lidocaine.
- I give permission for the nurse to share relevant information with appropriate school personnel to meet the health and safety needs of my child.
- In case of an accident or serious illness, I request that the school nurse contact me. If unable to reach me or one of my designees, I authorize the school to contact my child's medical provider. If needed, the school will call 911 and send my child with an adult from school to the hospital for emergency treatment. The school has no liability for medical costs.

Parent/Guardian Signature _____ **Date** _____

MEDICATIONS TAKEN BY YOUR CHILD (including those taken at home)

PARENTAL CONSENT for OVER-THE-COUNTER MEDICATIONS (during school hours)

I give permission for the school nurse to provide and administer the following over-the-counter medications to my child, as needed, based on nursing assessment:

Acetaminophen (Tylenol): For mild to moderate discomfort of muscles, menstrual cramps, toothache, headache, mild fever. (Note: Any student with a temperature greater than 100°F must be dismissed to a parent or emergency contact). Maximum dose: 650mg.

☐ Yes ☐ No

Ibuprofen (Advil, Motrin, Nuprin): For mild to moderate discomfort of muscles, menstrual cramps, toothache, headache, mild fever. (Note: Any student with a temperature greater than 100.0°F must be dismissed to a parent or emergency contact). Maximum dose: 400mg.

☐ Yes ☐ No

Tums (Calcium carbonate): For indigestion, stomach upset. Maximum dose: 1-2 pills regular strength.

☐ Yes ☐ No

Throat lozenges: For sore throat, cough. Maximum dose: 1-2 per day.

☐ Yes ☐ No

Parent/Guardian Signature _____ **Date** _____

Please refer to the Westborough Schools website, westboroughk12.org, for information about health services provided at your child's school. You will also find information related to adolescent health issues.