

RSU 63 Health Update

Name: _____ D.O.B. _____ Grade _____

Are immunizations complete? (Y/N) Documentation must be provided.

Medical Issues: _____

Daily medication & medications taken as needed: _____

Allergies:

Does your child have an epi pen? (Y/N)

Please describe the allergic reaction: _____

Date of most recent reaction? _____

Dietary intolerance? (Y/N)

Please describe symptoms: _____

If this is a food allergy or intolerance, please provide documentation from your PCP. We need documentation if accommodations are requested.

Any recent illness or injury, including concussion: _____

It is the general policy of the Board of Directors (the Board) to discourage the dispensing of medication, including over-the-counter (OTC) medication on RSU 63 premises. The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medication would jeopardize the health of the student, or the student would not be able to participate in school activities if the medication were not given during school hours.

Please contact the nurse at dbickford@rsu63.org if your child needs to take medicine at school. We will need a signed permission form and medication must be in the original container before it can be dispensed.

Parent Signature: _____ **Date:** _____