

For office use only: Teacher: _____



Amesbury Public Schools - Student Health Information

DIRECTIONS: Parent/Guardian, please complete all areas (print), check appropriate boxes, sign, and date

Student's Legal Name: Last:	First:	Middle:	Grade:
Student's Address:	City:	State:	
Does Student live with parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide name/relationship of guardian: _____	Student's Home Phone:	Date of Birth:	
Is child covered by: <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> None (please contact school nurse for information about state sponsored health plans for uninsured children)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Siblings name(s) & grade(s) attending APS:	

Contact & Emergency Information

	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	<u>Authorized Pickup</u>	<u>Legal Custody</u>
<u>Parent/Guardian #1 Name:</u>				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<u>Email:</u>				<input type="checkbox"/> No	<input type="checkbox"/> No
<u>Parent/Guardian #2 Name:</u>				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<u>Email:</u>				<input type="checkbox"/> No	<input type="checkbox"/> No
<u>Emergency Contact Name:</u> (If Parent/Guardian cannot be reached)				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
				<input type="checkbox"/> No	<input type="checkbox"/> No

Medication Permissions

<p align="center"><u>Over the Counter Medications</u></p> <p>The following over the counter medications have been approved for use by our school physician: Tylenol, Ibuprofen, Bacitracin Ointment, Caladryl Lotion, Antacid Tablets, Contact Solution, and Benadryl. I give the school nurse permission to administer the above medications after assessment <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p align="center"><u>KI (Potassium Iodide)</u></p> <p>In the event of a nuclear emergency, my child may receive Potassium Iodide (see reverse for more information) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

Medical Information

<p>Medications needed during the school day must have a written physician's order, written parent/guardian permission and must be supplied in the original pharmacy container.</p> <p>List any medications taken on a regular basis:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p align="center">Physician diagnosed allergies:</p> <p>Foods: _____</p> <p>Medicines: _____</p> <p>Bee/Insect: _____</p> <p>Describe reaction: _____</p> <p>Does child require life saving medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, which medication(s)? _____</p> <p>* If prescribed please provide school nurse with an EpiPen*</p>
---	---

<p>Check all that apply:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Physical Disability: _____</p> <p>Hearing Problems: <input type="checkbox"/> None <input type="checkbox"/> Left Ear <input type="checkbox"/> Right Ear <input type="checkbox"/> Hearing Aid</p> <p>Vision Problems: <input type="checkbox"/> None <input type="checkbox"/> Wears Glasses <input type="checkbox"/> Wears Contacts</p>	<p>Last Physical Exam? _____ (please provide copy)</p> <p>Student's Physician: _____</p> <p>Does your child: <input type="checkbox"/> drink city water <input type="checkbox"/> receive fluoride</p> <p>Student's Dentist: _____ Last Exam: _____</p>
---	---

Military Service

Is anyone in the student's immediate family actively involved in military service? Yes No Relation: _____

Consent

I give the school nurse permission to share information relevant to my child's health condition with appropriate school personnel if needed for my child's health, safety, and educational needs. In the event my child requires emergency medical treatment, I give permission to exchange information with emergency medical personnel and the receiving hospital, including person to contact information and my child's physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Name (print): _____ Parent/Guardian Signature: _____ Date: _____



Potassium Iodide (KI) Information

The Amesbury School District, in cooperation with the Massachusetts Department of Public Health (MA/DPH) has decided, with parent permission, to make Potassium Iodide (KI) available to students and staff prior to evacuation to our designated host facility which is Methuen High School. The school committee has given approval for this distribution. Participation of students in the distribution is VOLUNTARY. Student participation will require parental/guardian signature on the consent form following this notice.

This consent is reviewed annually. If you have any questions, please contact this office, the school nurse in your building and/or call the MA/DPH at (617)242-3035. We strongly urge you to read all emergency public information found at www.mass.gov (search for Potassium Iodide) or call the Massachusetts Emergency Management Association (MEMA) at (800)982-6846.

<p>Reason for taking Potassium Iodide:</p> <p>In case of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. The material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, Potassium Iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. KI needs to be taken before or shortly after exposure to radiation. KI works only to prevent the thyroid from absorbing radioactive iodine.</p>	<p>Risk of Taking Potassium Iodide:</p> <p>Taking KI is safe for most people. KI <u>should not</u> be taken if someone:</p> <ul style="list-style-type: none"> ● Is allergic to Iodine ● Has Graves Disease ● Has Thyroid Illness ● Takes Thyroid medication
<p>Potential Side Effects of Potassium Iodide:</p> <p>It is possible to experience any or all of the following side effects when taking KI:</p> <ul style="list-style-type: none"> ● Upset stomach ● Rash ● Allergic Reaction 	<p>Administration of Potassium Iodide: KI will only be given:</p> <ul style="list-style-type: none"> ● In case of radiological emergency ● If it is recommended by public health officials ● If a parent/guardian signs the consent form