NORTHWESTERN REGIONAL SCHOOL DISTRICT 7

2026-2027

Student Health Emergency Information to be Completed/Updated Each School Year

Name_____ Birth Date_____ Grade_____
(Last) (First) (Middle)

Address_____ Home Phone_____

	Mother	Father	Step-Parent	Guardian
Name				
Business Phone				
Cell Phone				

(Please circle with whom student lives)

Emergency Contact: Please call the following person (s) if parent or guardian cannot be reached

1._____ _____ _____
Name Phone Town

2. _____ _____ _____
Name Phone Town

Student's Physician _____ Phone_____

Student's Dentist _____ Phone_____

Health Insurance Yes No Would you like information about CT HUSKY Plan? Yes No

I, the undersigned parent/guardian, give permission to the school nurse to exchange pertinent health information as related to health & safety about my child with his/her teacher

In the event of an emergency, I understand that every effort will be made to reach the parents. In the event I cannot be reached, I give permission for my child to be transported to the appropriate medical facility

_____
(Parent/Guardian Signature)

PLEASE TURN OVER & COMPLETE THE SECOND SIDE OF THIS FORM

Student Health History- Annual Update
This is NOT a substitute for the state mandated Physical Exam in grade 7 & 10

ALLERGIES Y N

To What? _____

Life Threatening? Y N

Does Student Need Epi Pen * Y N

Medication Authorization provided Y N

Student will self-carry Epi Pen Y N

CARDIAC PROBLEMS Y N

Cardiac condition_____

Restrictions for Physical Activity Y N

Does student have pacemaker? Y N

Does student have a defibrillator? Y N

ASTHMA Y N

Does student need rescue inhaler * Y N

Medication Authorization provided Y N

Student will self-carry inhaler Y N

DIABETES Y N

Does student use CGM ? Y N

Does student use an insulin pump? Y N

Type of pump_____

Diabetes Management Plan provided Y N

*** Parents must maintain supplies in Health Office**

*** Please contact Health Office regarding nursing access to CGM monitoring**

SEIZURES Y N

Type of seizures _____

Does student need Diastat* Y N

Does student need nasal Midazolam* Y N

Medication Authorization provided Y N

Other Health Conditions: _____

Does student take any medicine at home on a regular basis? Y N

Medication: _____ Reason Taking: _____

Does the student need to take any medication at school? Y N

Medication: _____ Reason Taking: _____

*** Physician Medication Authorization Form REQUIRED for each medication to be administered in school with the exception of standing order for Tylenol or Ibuprofen. Medication must be delivered by parent or guardian.**

I understand that no student may carry any prescription or over-the-counter drug in school or on school property with the exception of emergency medications: rescue inhalers, Epi pens or insulin.

_____ _____

Parent Signature **Student Signature**