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? ❒Yes ❒No If no, provide name/relationship of guardian:_____	Student's Home Phone:	Date of Birth:
Is child covered by: ❒ Private health insurance ❒ Medicaid ❒None **(please contact school nurse for information about state sponsored health plans for uninsured children)**	Sex: ❒ Male ❒Female	Siblings name(s) & grade(s) attending APS:

Contact & Emergency Information

	Home Phone	Work Phone	Cell Phone	Authorized Pickup	Legal Custody
Parent/Guardian #1 Name: Email:				❒Yes ❒No	❒Yes ❒No
Parent/Guardian #2 Name: Email:				❒Yes ❒No	❒Yes ❒No
Emergency Contact Name: (If Parent/Guardian cannot be reached)				❒Yes ❒No	❒Yes ❒No

Medication Permissions

Over the Counter Medications

The following **over the counter medications** have been approved for use by our school physician: Tylenol, Ibuprofen, Cetirizine/Loratadine, Bacitracin Ointment, Caladryl Lotion, Topical Lidocaine, Antacid Tablets, Contact Solution, and Benadryl.

I give the school nurse permission to administer the above medications after assessment ❒Yes ❒No

KI (Potassium Iodide)

In the event of a **nuclear emergency**, my child may receive Potassium Iodide **(see reverse for more information)**

❒Yes ❒No

Medical Information

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.

List any medications taken on a regular basis:

_____

_____

_____

_____

Physician diagnosed allergies:

Foods:_____

Medicines:_____

Bee/Insect:_____

Describe reaction:_____

Does child require life saving medications? ❒Yes ❒No

If so, which medication(s)?_____

*** If prescribed please provide school nurse with an EpiPen***

Check all that apply:
❒Asthma ❒Diabetes ❒ Seizures ❒ Physical Disability:_____

Hearing Problems: ❒None ❒Left Ear ❒Right Ear ❒Hearing Aid

Vision Problems: ❒None ❒ Wears Glasses ❒Wears Contacts

Last Physical Exam?_____(please provide copy)

Student's Physician:_____
Does your child: ❒drink city water ❒ receive fluoride

Student's Dentist:_____Last Exam:_____

Military Service

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

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.

Reason for taking Potassium Iodide: 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.	**Risk of Taking Potassium Iodide:** Taking KI is safe for most people. KI **should not** be taken if someone: ● Is allergic to Iodine ● Has Graves Disease ● Has Thyroid Illness ● Takes Thyroid medication
Potential Side Effects of Potassium Iodide: It is possible to experience any or all of the following side effects when taking KI: ● Upset stomach ● Rash ● Allergic Reaction	**Administration of Potassium Iodide:** **KI will only be given:** ● In case of radiological emergency ● If it is recommended by public health officials ● If a parent/guardian signs the consent form