

NORTHWESTERN REGIONAL SCHOOL DISTRICT 7
HEALTH SERVICES STUDENT HEALTH EMERGENCY INFORMATION

2018 - 2019

Student Health Emergency Information to be Completed Each 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 If parents cannot be reached, please call:

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 health information about my child with **his/her teachers.**

 (Parent Guardian Signature)

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 treated by a physician and/or hospital for any medical or surgical emergency.

 (Parent/Guardian Signature)

(OVER- complete reverse side)

Student Health History

This is NOT a substitute for the Physical Exam

ALLERGIES	Y	N
To What? _____		
Life Threatening?	Y	N
*Does Student Need Epi Pen?	Y	N
<u>*Anyone who requires Epi Pen MUST have MD fill out Medication Administration Form which must be filed in health office.</u>		

ASTHMA	Y	N
*Does student need rescue inhaler?	Y	N
<u>*Anyone who requires rescue inhaler MUST have MD fill out Medication Administration Form which must be filed in RN office.</u>		

SEIZURES	Y	N
*Does student need Diastat?	Y	N
<u>*Anyone who requires Diastat MUST have MD fill out Medication Administration form and the med must be stored in health office.</u>		

DIABETES	Y	N
Does student require a pump?	Y	N
<u>*Parents must maintain supplies in health office</u>		

CARDIAC PROBLEMS	Y	N
Does student have pacemaker?	Y	N
Does student have defibrillator?	Y	N

Other known Health Conditions: _____

Does Student Need to take any medication at school? Y N

You must have Medication Administration Form filled out by MD for each medication to be taken in school with the exception of standing order for Tylenol or Ibuprofen. Medication must be delivered by parent or guardian.

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

What? _____

Why? _____

I understand that no student may carry any prescription or over-the-counter drug in school or on school property except rescue inhalers, Epi pens or insulin.

Parent Signature

Student Signature