

NORTHWESTERN REGIONAL SCHOOL DISTRICT 7

2021 - 2022

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 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 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 Physical Exam

ALLERGIES

Y N

To What? _____

Life Threatening? Y N

*Does Student Need Epi Pen? Y N

ASTHMA

Y N

*Does student need rescue inhaler? Y N

CARDIAC PROBLEMS

Y N

Cardiac condition _____

Does student have pacemaker? Y N

Does student have defibrillator? Y N

SEIZURES

Y N

*Does student need Diastat? Y N

COVID- 19

Ever tested positive for COVID Y N

Date of positive test: _____

Was hospitalization required? Y N

Any related complications? Y N

Medical clearance provided for sports Y N

If received: Vaccine Name _____

Date #1 received _____

Date # 2 received _____

DIABETES

Y N

Does student use a pump? Y N

Does student use CGM Monitor Y N

*Parents must maintain supplies in Health Office

Other Health Conditions: _____

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

Medication: _____ Reason Taking: _____

Does 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