



**HEALTH INFORMATION**

***This information is REQUIRED for the Vermont State Health Department. Please complete all questions.***

**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Please circle:**

My child HAS / DOES NOT have health insurance

(Information on the availability of Student Insurance Plans is available in the office.)

My child HAS / HAS NOT had a well child/adolescent exam by a medical provider in the past year

My child HAS / HAS NOT had a dental check up exam by a dentist in the past year

My child HAS / DOES NOT have asthma

My child HAS / DOES NOT have an asthma action plan

**Name of Doctor** \_\_\_\_\_ **Dentist** \_\_\_\_\_ **Eye Doctor** \_\_\_\_\_

*Circle all that apply:*   Glasses   Contacts   New lenses in the past year   Date of last eye exam \_\_\_\_\_

**Medical Issues/Problems** \_\_\_\_\_ **Dental Issues** \_\_\_\_\_

**Any Allergies**    YES    NO   If yes, explain \_\_\_\_\_

**ALL CURRENT MEDICATIONS:**

Taken at home: \_\_\_\_\_ Needed at School: \_\_\_\_\_

*I give permission for the school nurse to give and receive health information to/from my child's:*

Primary Care Physician    Eye Doctor    Dentist    Counselor    Other \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION**

**PERMISSION TO GIVE:** *(please circle)*

TYLENOL   IBUPROFEN   BENADRYL   COUGH DROPS   OTHER \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY TRANSPORTATION/TREATMENT:**

Name of student: \_\_\_\_\_

In case of accident or illness, I request the school to contact me. If not able to reach me, I hereby authorize the school personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OPTIONAL:** If you are a member of the US Military: (  Active Duty    National Guard    Reserves )

Is there a possibility of deployment in the future that could affect your child(ren)'s learning?    Yes    No