

BELMONT MIDDLE SCHOOL ANNUAL HEALTH INFO UPDATE – Year 2015-16

(TO BE COMPLETED BY PARENT / GUARDIAN AND RETURNED TO BMS SCHOOL NURSE ASAP)

Student Last Name _____ **First Name** _____ **Birthdate** _____ **Sex** M F **Grade** _____
Parent/Guardian and emergency contacts: List in order of contact in the event of illness or emergency

Name	Relationship	Daytime Phone	Cell Phone
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Name	Relationship	Daytime Phone	Cell Phone
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Has this student been diagnosed in the past year with any of the following medical conditions or is currently under treatment for any of these conditions:

Please complete the following checklist and give details below (attach any additional pertinent information).

YES NO

Allergies : seasonal, food, environmental, bee sting (specify which including reaction below)		
ADHD / ADD / anxiety / depression / other psychological issues		
Anemia / Bleeding or Clotting Disorder		
Arthritis / orthopedic problems		
Asthma (give details below) / Lung Disease		
Back / Neck Injury		
Bladder or Kidney Infection/Disease		
Convulsion/ Seizures		
Diabetes		
Fractures / sprains		
Head Injury / Concussion / headaches		
Hearing Loss / Correction / ear infections		
Heart Condition / Murmur		
Infections		
Medication Reaction / Allergy (list below)		
Surgery		
Vision Loss / Correction		
Other		

Please give details and dates to those above marked **YES**. _____

➤ List any **medication(s)** that this child is taking at home or at school on a regular basis (prescription and/or non-prescription)? Please indicate also the dosage, times, and reasons for taking.

➤ At School: _____ dose _____ time _____ reason _____
 _____ dose _____ time _____ reason _____

➤ At Home _____ dose _____ time _____ reason _____
 _____ dose _____ time _____ reason _____
 _____ dose _____ time _____ reason _____
 _____ dose _____ time _____ reason _____

A Doctor's Order Is Required For All Prescription Medications At School (Epi-Pens and Inhalers included)
 Forms are available from the nurse's office, Main Office or on the nurse's webpage.

Please Turn Over and Complete Back Of This Form

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Student Name _____ Birthdate _____

Date of last Physical exam _____ Physician _____ Phone _____

Date of last Dental exam _____ Dentist _____ Phone _____

- Describe any **modifications or restrictions** that are necessary to accommodate your child's health or safety.

Is there any other information that you would like us to know? _____

Health Insurance: Yes / No Insurance Company _____

PERMISSION TO RECEIVE OVER-THE-COUNTER MEDICATIONS

The school nurse has my permission to administer the following medication (check **ALL** that you give permission for).

____ Tylenol (acetaminophen) ____ Ibuprofen (Advil, Motrin) ____ Midol (cramps) ____ Antacids (Tums)

____ Calamine, aloe gel, hydrocortisone cream .5%, antibiotic ointment ____ Benadryl (allergic reactions) ____ Cough Drops

Call before giving any oral medications _____ My child is allergic to _____ medication.

Parent / Guardian Signature _____ **Date** _____

CONSENT FOR MEDICAL INFORMATION

There may be occasions on which the school nurse may need to contact your physician or dentist for health information. If you agree to allow such contact, please sign below.

Parent / Guardian Signature _____ **Date** _____

**IMPORTANT !!
Emergency Treatment**

I understand that in case of illness or injury I will be notified as soon as possible and I give my permission for emergency treatment and transportation to the nearest healthcare facility.

The ultimate responsibility for medical care of a student rests with the parent/guardian. In the event of an emergency, the Belmont Emergency Services (EMS) may be called to evaluate the illness/injury. Parents/Guardians will be notified when an emergency occurs.

Parent / Guardian Signature _____ **Date** _____

Please call (267-9220) or email the school nurse, Mrs. Mackes, at imackes@sau80.org with any concerns or new information regarding your child's health or safety.