



WESTPORT COMMUNITY SCHOOLS

Office of School Health Services

Student Medical Update / Parental Consent Form

(Please complete and return to school immediately. Contact school nurse with any questions)

Student Name _____ M / F
Last First Middle

Grade _____ Homeroom/Teacher _____ Date of Birth ____/____/____

Does your child have health insurance? Yes No Health insurance name _____

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communications will be confidential.

Physician: _____ Phone _____ Last Physical _____

Dentist: _____ Phone _____ Last Exam _____

Can your child participate in our physical education program? Yes No

Student Medical History (please circle all that apply and detail below)

- | | | | |
|---------------------|---------------------------|--|--------------------------|
| Anxiety | Diabetes | Liver Disease | Past Surgeries (specify) |
| Autism | Down Syndrome | Motion Sickness | _____ |
| ADD / ADHD | Genetic Disease | Scoliosis | _____ |
| Asthma | Gastrointestinal Problems | Seizures | |
| Birth Defect | Headaches | Skin Condition | |
| Bleeding Disorder | Head Injury | Urinary Problem | |
| Cancer | Heart Condition | Vision Problems / Wears glasses Yes No | |
| Cerebral Palsy | High / Low Blood Pressure | Hearing Problems (Right / Left) | |
| Depression | Kidney Disease | Ear tubes / Wears hearing aid (Right / Left) | |
| Developmental Delay | Emotional Issues | Other: _____ | |

(Use back of form if you need more space for details)

Allergies (food, medication, environmental) _____

Is emergency treatment required? (Circle one) Yes No

If yes, with what medication(s)? _____

Does your child use medication? Yes (please list specifics) No

At home? _____

At school? _____

(All medications given at school must have a physician's order, parental consent and be transported to school by an ADULT)

TYLENOL (Acetaminophen), for minor pain, will be available to students at **WHS** per school standing order from Dr. Callen, school physician, with signed parental consent below: _____ **Yes, my child may have TYLENOL (Acetaminophen) per school standing order.**

Parent/Guardian signature _____ Date _____

In case of medical emergency, the school will attempt to contact the parent/guardian before calling an ambulance or the student's physician. Your child will be transported by ambulance to an emergency care facility if necessary. I give permission for the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment. _____

Parent/Guardian Signature

Date