CONTOOCOOK VALLEY SCHOOL DISTRICT

Health Information Form

Please answer all questions on this form. Your responses will be shared with school personnel only on an as needed basis.

Name of Student: _____ Grade: _____ Today's date: _____

Parent/guardian: _____ Home phone: _____ Work/cell: _____

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Doctor: _____ Phone: _____ Medical Insurance? (circle) Y / N Company: _____

Dentist: _____ Phone: _____ Dental Insurance? (circle) Y / N Company: _____

Are there any current medical concerns (including but not limited to vision, hearing, disease/illness)? Are there any limitations to normal daily activities? **(circle) Y / N** If yes, please explain: _____

_____

_____

Any past medical concerns? **(circle) Y / N** If yes, please explain: _____

_____

_____

Any medications taken at school or home? **(circle) Y / N** If yes, list the medication names, dosage, and frequency. (Use back of sheet if needed.)

Medication: _____ Dose: _____ Frequency: _____

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Medication: _____ Dose: _____ Frequency: _____

Any **drug** allergies? **(circle) Y / N** If yes, to what? _____ What is the reaction? _____

What is the treatment? _____

Any **food** allergies? **(circle) Y / N** If yes, to what? _____ What is the reaction? _____

What is the treatment? _____

Any **environmental** allergies? **(circle) Y / N** If yes, to what? _____ What is the reaction? _____

What is the treatment? _____

If emergency medical treatment is required, and the parents or legal guardians cannot be reached immediately, your signature provided below empowers the school authorities to exercise their own judgment in taking the necessary steps to initiate treatment. I hereby authorize the ConVal School District staff or its agent(s) to administer first aid and refer for medical treatment, including the option of releasing school medical records, ambulance transport, hospitalization, or whatever may be reasonably required under the circumstances.

By signing below, I give permission for release/exchange of health information by telephone, mail or electronic exchange, including fax or email, between the school nurse, student's health care provider(s) and appropriate school personnel.

By signing below, I attest that all information is accurate and acknowledge that this is a legal document for use by the Contoocook Valley School District and that I will notify and supply supporting documentation if any of the above information changes.

_____ _____ _____

Name (please print) Signature Date

_____

Relationship to student

Updated for SY 2022-23