

# Windham Southeast School District 2020-2021 Annual Health Form

**BAMS** 109 Sunny Acres **BUHS** 131 Fairground Rd **WRCC** 80 Atwood St. Brattleboro, VT 05301

Student Name:	DOB:	Grade:	Teacher:
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## Emergency Contact Information

Parent/Guardian #1: email:	Home Phone: Cell Phone:	Place of Employment: Work Phone:
Parent/Guardian #2: email:	Home Phone: Cell Phone:	Place of Employment: Work Phone:
Emergency Contact#1: Emergency Contact #2:	Relationship: Relationship:	Phone: Phone:

## Medical Information and Health Questions

List and describe any **HEALTH PROBLEMS, ILLNESS, DISABILITY** (seizures, ADD, ADHD, anxiety, cardiac, concussions) the school should be aware of:

<b>ALLERGIES</b> (food, venom, medications, seasonal) and symptoms. If you child has food allergies, please list specific food restrictions:	<b>ASTHMA</b>	Y	N
	Has a doctor, nurse, or other health professional EVER said that you child has ASTHMA?		
	If YES, does your child STILL have ASTHMA?		
	If YES, does your child have an up-to-date VT Asthma Action Plan?		
	Will your child require the use of an inhaler during school?		
	Will your child need to take medication during school hours? If yes, medication name:		

Please list any **MEDICATIONS** your child takes regularly: \_\_\_\_\_

	Yes	No
Doctor/Nurse Practitioner:	Well Child Exam within the last year?	
Dentist:	Appointment within the last year?	

Please list **OTHER Medical Providers**: \_\_\_\_\_

Does your child have Health Insurance? For information on Vermont Insurance ( <a href="http://vermonthealthconnect.gov">vermonthealthconnect.gov</a> or 1-855-899-9600)	Yes	No
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Please review the list below and please place a check next to the over the counter medications that you approve for administration to your child while at school (as needed):

- |                                |                      |                               |
|--------------------------------|----------------------|-------------------------------|
| __ Tylenol (Acetaminophen)     | __ Advil (Ibuprofen) | __ Benadryl (Diphenhydramine) |
| __ Antacid (Calcium Carbonate) | __ Sunscreen         | __ Insect Repellant           |

## SIGNATURES NEEDED-Please Sign Both

<b>In Case of Emergency:</b> In case of accident or acute illness I request that the school contact me. In an emergency, emergency personnel can be contacted. If the school is unable to reach me, I hereby authorize the school to call the health care provider indicated and to follow his/her instructions. If it is impossible to contact the provider, the school may make whatever arrangements necessary.	
Signature: _____	Date: _____
<b>Release of Information:</b> I give permission for school nurse to send/ receive confidential medical information to ALL my child's Health Care Providers	
Signature: _____	Date: _____