

# Warwick School District Annual Health Update

Building \_\_\_\_\_

Student \_\_\_\_\_

**Please complete this form and sign on the back at the bottom.**

Student Name _____	Grade _____	Birthdate _____
Address _____		Homeroom/Teacher _____
Home Phone _____	Gender _____	Student ID # _____

**Who does this student live with?** Both Parents  Mother Only  Father Only  Guardian

Mother/Stepfather  Father/Stepmother  Stepfather/Stepmother  Foster Parent/s  **Please list below:**

Parent/Guardian _____	Parent/Guardian _____
Relationship to Student _____	Relationship to Student _____
Email Address _____	Email Address _____
Employer _____	Employer _____
Employer's Telephone _____	Employer's Telephone _____
Cell Phone _____	Cell Phone _____

**Other Adults to be contacted in case of emergency: (attach additional sheet if necessary)**  
**(School officials will not release your child to anyone without proper authorization)**

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Email Address _____	Email Address _____
Employer _____	Employer _____
Employer's Telephone _____	Employer's Telephone _____
Cell Phone _____	Cell Phone _____

Are there any court orders on file with the school restricting a person's contact with the student? Y or N

If yes, please list restrictions and provide a copy of the court order: \_\_\_\_\_

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Family Physician _____	Phone _____
Family Dentist _____	Phone _____
Preferred Hospital _____	

(Please note that in an emergency, this student will be transported to the nearest hospital)

**- OVER -**

## Medical Information

Does this student have any of the following? **(Please explain and provide dates for any YES answers)**

Allergies; please list \_\_\_\_\_

Medication(s) your child is presently taking (list name, dose, frequency, and reason for taking): \_\_\_\_\_

Immunizations received in the past year? (List type, month/day/year): \_\_\_\_\_

A serious illness (mental/physical), injury, hospitalization, or surgery in the last year: \_\_\_\_\_

A condition (mental/physical) requiring ongoing medical care by a physical or mental health care provider: \_\_\_\_\_

Restrictions or limitations from physical activities: \_\_\_\_\_

A medical condition requiring special seating in the classroom: \_\_\_\_\_

Any other health needs or concerns not listed above: \_\_\_\_\_

The following over-the-counter preparations (or generics) may be used to provide first aid treatment to students: Anbesol, antifungal ointment, Bacitracin or Neosporin ointment, bee sting wipes, Blistex, burn spray or gel, Calamine or Caladryl lotion, cough drops, Epsom salts, hydrocortisone cream, Neosynephrine, oil of cloves, sore throat spray, and Visine. These first aid measures include treatment of wounds, bee and insect stings, minor skin or eye irritations, sore throats, toothaches, nosebleeds, and other illnesses and injuries.

### Check one:

**I give permission for the nurse to use the above over-the-counter preparations when providing first aid treatment to my child.**

**I give permission for the nurse to use the above over-the-counter preparations when providing first aid treatment to my child, *with the following exceptions:*\_\_\_\_\_.**

May the nurse give your child the standard dosages of the following over-the-counter medications as per the standing orders from the school physician? If this section is NOT completed, your child will not receive medication until written permission is submitted to the nurse.

<b>Acetaminophen (Tylenol)</b>	Y or N	<b>Naproxen (Aleve) (for ages 12 and up)</b>	Y or N
<b>Ibuprofen (Advil, Motrin)</b>	Y or N	<b>Calcium Carbonate (Tums, Mylanta)</b>	Y or N
<b>Aspirin</b>	Y or N	<b>Benadryl (for allergic reactions only)</b>	Y or N

If you have any health concerns regarding your child, please contact the school nurse. Information related to your child's health condition may be shared with appropriate school personnel when necessary to meet your child's education, health, and safety needs. Please inform the school nurse of any changes in your child's health status throughout the school year.

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