

STUDENT HEALTH AND EMERGENCY INFORMATION FORM

LINCOLN-SUDBURY REGIONAL HIGH SCHOOL

ACADEMIC YEAR 2015-2016

HOUSE _____ GRADE _____

_____ <input type="checkbox"/> M <input type="checkbox"/> F (last) (first) (middle) STUDENT'S NAME	Date of Birth _____ MM/DD/YEAR	
_____ STREET ADDRESS	_____ CITY/TOWN	_____ ZIP

#1 PARENT/GUARDIAN NAME _____ PHONE # _____

#2 PARENT/GUARDIAN NAME _____ PHONE # _____

#3 EMERGENCY CONTACT _____ PHONE # _____

DOES YOUR CHILD HAVE HEALTH INSURANCE? YES NO

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. (978-443-9961 Ext.2390) All communications will be kept confidential.

DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

The information below may be shared with faculty on an as needed basis. YES NO

List any allergies: (insect bites, food, drug, environment) _____
_____ Type of reaction(s) _____

TREATMENT EPI - PEN OTHER _____

LIST ANY OTHER HEALTH CONCERNS: (include chronic /serious illness, accident(s)/conditions-limiting participation educationally (and/or) athletically in school.)

LIST PRESCRIPTION MEDICATIONS:

REQUIRES ANNUAL PARENT/GUARDIAN SIGNATURE

(PLEASE CHECK ALL THAT APPLY)

MEDICATION: I/WE give permission to administer over the counter medications as prescribed by the school physician.

TYLENOL IBUPROFEN TUMS TOPICAL ANTIBIOTICS

PARENT/GUARDIAN SIGNATURE (REQUIRED)

DATE

PLEASE COMPLETE BOTH PAGES



STUDENT NAME _____

Please return to MAIN OFFICE BY SEPTEMBER 16, 2015

INTERVAL HEALTH HISTORY

Dear Parent or Guardian:

In order to keep your child's health record up to date and to provide better health services to your child, please complete the following health history and return it to your school nurse or house office. Please provide health information since the last school physical or school health history was completed.

Give dates, if possible, or *attach a recent (within the past year) physical exam*. If you have already submitted a physical exam for athletic participation, **YOU DO NOT NEED TO ATTACH A COPY TO THIS FORM.**

ACCIDENTS	CONVULSIONS OR SEIZURES	HEART PROBLEMS/MURMURS
ALLERGIC REACTIONS	DIABETES	DENTAL PROBLEMS
ASTHMA /OTHER RESPIRATORY INFECTIONS	EAR INFECTIONS	MONONEU CLEOSIS
SCOLIOSIS	THROAT INFECTIONS	HOSPITALIZATIONS
BONE OR JOINT DISEASE	FREQUENTS	RECEIVED RECENT IMMUNIZATIONS
COMMUNICABLE DISEASES	KIDNEY TROUBLE	TYPE: _____ DATES: _____ _____ _____
OPERATIONS	HAS YOUR CHILD SEEN A SPECIALIST? FOR WHAT?:	_____ _____ _____
MENSTRUAL PROBLEMS	HEARING: _____ DATE: _____ VISION: _____ DATE: _____ POSTURAL SCREENING DATE: _____	COMMUNICABLE DISEASE Please specify:

PLEASE RETURN PROMPTLY TO : LSRHS- 390 LINCOLN ROAD, SUDBURY, MA 01776
HEALTH OFFICE: JAN CAVALLO, RN – JOAN GAUMNITZ, RN – GAIL NOZIK, RN
PHONE: 978-443-9961 EXT. 2390 FAX: 978-639-3090

PLEASE COMPLETE **BOTH** PAGES