

Milton Town School District
HEALTH INFORMATION FORM
School Year 2018-2019

This form is available online. You can view it on the Health Office Section on the MTSD Website

CHILD'S NAME _____ DATE _____
BIRTHDATE _____ TEACHER _____ GRADE _____

Medical Information:

1. Doctor : _____ Phone number _____
Date of last well child visit: _____

2. Dentist: _____ Phone number _____
Date of last dental visit: _____

Please circle yes or no for the following questions:

- | | | | |
|--|-----|-----|----|
| 3. Does your child have health insurance? | | YES | NO |
| 4. Would you like information on health insurance sent to you? | | YES | NO |
| 5. Has a doctor or nurse ever said that your child has asthma? | | YES | NO |
| 6. If yes, does your child still have asthma? | N/A | YES | NO |
| 7. Does your child wear corrective lenses? | | YES | NO |
| 8. Does your child wear hearing aids? | | YES | NO |

Please fill in the following questions to the best of you knowledge:

9. Is your child being treated for any physical or emotional health conditions?
Please explain and list any specialists who care for your child:

10. Please list any medications your child takes on a regular basis (including inhalers):

11. Will your child need to take a prescription medication at school? YES NO

*****If prescription medication needs to be administered at school, the school nurse must have a school district "Prescription Medication Order and Permission Form" filled out and signed by the custodial parent/guardian and a Medical Doctor. This form is available from the nurse's office*****

12. Please list any known food or drug allergies:

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Please CIRCLE All Medications and lotions that can be given to your child at school if determined to be medically necessary:

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)	Diphenhydramine (Benadryl)	Eye Solution
Bug Spray with DEET	Calcium Carbonate (TUMS)	Triple Antibiotic Ointment (Neosporin)	Cough Drops
Calamine/Caladryl	Midol or Generic Form	Amebsol/Oragel	Sunscreen
Biofreeze/Bengay	<small>(Girls Only)</small> Vaseline/Bag Balm	Excedrin Migraine	Bactine
Hydrocortizone Cream	Lotion- Frangrance Free	Pepto Bismol	

13. How would you like to be contacted if your student come's to the nurse's office for non emergent situations that do not require your student to be picked up from school but the school nurse deems it necessary to follow up (please circle one) Email Phone Call

*****Please note that this information will be pulled from PowerSchool, please update as changes occur*****

14. DISCLOSURE OF STUDENT RECORDS AND INFORMATION

Please sign this if you agree to allow your child's school nurse to exchange information with your child's health care provider(s). Occasionally, we (or the health care provider) need clarification about a health/wellness question/condition.

I give my permission to allow Milton Town School District Nurses to allow the following individual(s)/organization(s) _____

(Insert Health Care Provider Name and/or Doctor's Office)

to release health/medical information (HIPPA - Health Insurance Portability and Accountability Act) regarding my child _____.

(Insert Child's Name)

(If so requested, a copy of the records disclosed pursuant to the prior written consent shall be provided to the parent or eligible student.)

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to seek emergency care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense. I ACKNOWLEDGE AND AGREE WITH THE INFORMATION PROVIDED ON THIS HEALTH INFORMATION FORM.

Guardian Printed Name: _____

Guardian Signature _____ Date _____