



## Naugatuck Board Of Education Department of Health Services

Pupil's Name \_\_\_\_\_ Birth date \_\_\_\_\_ grade \_\_\_\_\_ Sex \_\_\_\_\_

Health Insurance \_\_\_\_\_

**Transfer School(coming from)** \_\_\_\_\_ If transferring from out of state, has your child ever attended a Connecticut School in past?  YES  NO If so, Town \_\_\_\_\_

**School Name** \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

My child lives with:  Both Parents  Mother  Father  Legal Guardian

Name a relative or close friend who lives locally and is willing to take responsibility for the pupil in an emergency when parent/guardian is not available.

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ alt. Phone no. \_\_\_\_\_

**ALLERGIES TO:** Bee \_\_\_\_\_ Food \_\_\_\_\_ Medications \_\_\_\_\_

Epipen used:  yes  no Benadryl used:  yes  no Self Carry  yes  no

My Child has a: 504  yes  no IEP  yes  no

**ASTHMA** Please explain \_\_\_\_\_ Inhaler  yes  no

Is your child under care for any medical condition at the present time? \_\_\_\_\_

Is your child taking any medication at the present time? \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Does your child require medications during school hours? If so, What medication \_\_\_\_\_

ANY DIFFICULTY WITH: Hearing \_\_\_\_\_ Vision \_\_\_\_\_

**I would like to meet with my school nurse prior to my child starting school.**  yes  no

**\*\*\*\*You must answer these questions:**

Within the previous 21 days, has the student or family member traveled to a country identified by the CDC with an active outbreak of Ebola?(Currently Liberia, Guinea, Sierra Leone)  yes  no

Has the student had direct contact with a person infected with Ebola?  yes  no

Signature: parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

-----Rev.1/19-----

For Health Office use: Processed by \_\_\_\_\_ added to Google doc. \_\_\_\_\_

Epipen  yes  no Self Carry  yes  no ECP needed  yes  no

Immunizations in Progress  yes  no 504  yes  no IEP  yes  no