

Thomaston Public Schools Health Services Information

Name _____ DOB: ____/____/____ Gender: _____
Last First Middle

Address: _____ Home Phone: _____

Teacher: _____ Grade: _____

Student's Physician _____ Address _____ Phone: _____

Student's Dentist _____ Address _____ Phone: _____

Hospital Preference _____

Do you have health insurance? Yes No Insurance Company: _____ Policy#: _____

Please check off all that currently apply to your child:

Bee Sting Allergy: EpiPen Yes No Reaction: _____

Asthma Yes No / Inhaler Required Yes No Type: _____

Diabetes _____

Seizure Disorder Type: _____

Food Allergy List: _____ EpiPen: Yes No

Medication Allergies List: _____

Frequent ear infections: Yes No Hearing Loss: Yes No Ear Surgery: Yes No

Does your child currently have ear tubes: Yes No

Does your child require preferential seating: Yes No

Does your child wear Glasses: Yes No IF YES: All the time Reading only Board work

Does your child wear contacts: Yes No

Please note any other significant medical conditions/injuries: _____

Is the student on any medication? Yes No

If yes, please list: _____

If a student needs to take medication during the school day, please contact school nurse for proper forms. Students are not allowed to bring any medication prescription or over-the-counter with them to school.

I give permission for the release of information for confidential use in meeting my child's health needs while in school, including permission to share pertinent health information with the Bus Company and/or physician and teachers/staff. In the case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact the physician, the school may make whatever arrangements are deemed necessary.

Date: _____ Parent's Signature: _____

In the case of illness or injury, every attempt will be made to contact parents. Please provide accurate phone numbers and note the calling order during school hours. (i.e. 1st, 2nd, 3rd...)

Mother's Name: _____

Father's Name: _____

Home # _____

Home#: _____

Work# _____

Work#: _____

Cell# _____

Cell#: _____

If they cannot be reached, the following, listed in order, will be contacted to make decisions or dismiss as required.

Name:

Relationship:

Daytime Phone Number:

1.) _____

2.) _____

3.) _____

