

RSU # 16
Annual Health Update

Student Name _____ DOB _____ Grade _____
RT Advisor/HR Teacher _____
Student's Physician _____ Physician Phone # _____
Insurance/ MaineCare (Please Circle) Policy # _____

Dear Parent/Guardian

The medical/health information forms are kept confidential and will help school personnel meet the needs of your child. Medical records are kept in the nurse's office.

Please List:

1. Health Problems

2. Hospitalization(s) or treatment(s) by a physician since last year

3. Restrictions that your child may have

4. Medication(s), the dosage, the time of day taken and the reason that your child takes the medication

5. If your child uses an inhaler or epi-pen we must have a doctor's note stating that the child has a medical reason to carry the inhaler or epi-pen. Please include a copy of the child's Asthma Action Plan/Food Allergy Action Plan/or Physician note.

Please list all allergies and intolerances below; Must include Physician note:

Foods _____

Medicine _____

Environmental _____

Bee Stings _____

Latex _____

Other _____

Additional Information or Concerns

Signed(Parent/Guardian) _____ Date _____

Revised 3/2010