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: _____

- *Home #*_____
- *Work#*_____
- *Cell#*_____

*F*ather's Name: _____

- *Home#:*_____
- *Work#:*_____
- *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.) _____	_____	_____