

Nahant Public Schools
Update of Student Medical Information

Student's Name: _____ Date of Birth: _____

Parent / Guardian: _____ Home Telephone #: _____
Work Telephone #: _____

Address: _____

Physician: _____ Physician Tele #: _____

Dentist: _____ Dentist Tele #: _____

Insurance _____

Does your child:

Wear glasses? _____ Full time? _____ Part time? _____
Have a hearing problem? _____ Have frequent ear infections? _____
Have an orthopedic problem? _____
Have asthma? _____
Have a history of seizures? _____
Have diabetes? _____
Have a heart murmur? _____ Any restrictions? _____

Is your child allergic to:

Bee stings? (wasp, hornet, yellow jacket) _____
Need medication / EpiPen? _____
Please describe specific symptoms: _____

Environment (dust, pollen, animals) _____
Food? _____
Other? _____

Is there any medical condition that the school should be aware of? _____

Is your child taking any medication on a regular basis? _____

If so, for what reason? _____

Name of drug: _____

Please list any immunizations given since the last physical exam _____

Date of last physical exam: _____ last dental exam: _____

Parent / guardian signature: _____ Date: _____

If there is information which you feel should remain confidential, please specify, and it will not be shared.
Information re: a life-threatening condition will be shared with Nahant Emergency Responders.
Parents are responsible for notifying after school, Extended Day and athletic coaches of this important information.

NAHANT PUBLIC SCHOOLS
Nahant, Massachusetts

Dear Parent:

In order for staff to respond appropriately and promptly should a medical problem arise concerning your child, please answer the questions on the back of this form. The information may also be shared with your child's teacher, recess and/or lunch monitor.

Information that involves a life threatening diagnosis will be shared with Nahant Emergency responders (ambulance, fire, police).

If there is information which you feel should remain confidential, please specify, and it will not be shared.

Please add any explanations or descriptions that would help us to better understand a situation or problem. This information will be kept in your child's School Health Record. It would also be appreciated if you would notify the school if there should be any changes during the school year so that your child's Health Record will be kept up to date.

IMPORTANT NOTE:

If your child is involved in any after school, Extended Day and/or athletic activity, it is the responsibility of the parent / guardian to alert the adults & coaches about a serious or life threatening allergy, illness, or condition.

Your prompt reply will be appreciated. Thank you for your continued co-operation.

Sincerely,

_____, RN
School Nurse