**Quincy Public Schools**
**2014 – 2015 Academic Year**
**Student Health Information Update Form**

**Student Name: _____ Birth Date: _____**

**Grade: _____ Sex: Male:_____ Female:_____ Language spoken at home: _____**

## *SECTION 1: HEALTHCARE INFORMATION*

Physician Name: _____ Telephone: _____

Dentist Name: _____ Telephone: _____

Health Insurance Provider: _____

___ Private insurance ___ Public Insurance (Mass Health) ___ No Insurance

## *SECTION 2: CURRENT HEALTH CONCERNS*

**Allergies: _____ Epi-Pen ___ Yes ___ No**

Eye Glasses : yes____ No ____ If yes, date of last eye exam:_____

**Current Health Concerns**:

_____

_____

**Current Medications**: (EVEN IF NOT GIVEN IN SCHOOL)

| Name of Medications | Dose | Time of Dose |
|---|---|---|
| Name of Medications | Dose | Time of Dose |

**Please list additional medications on back of form.**

## *SECTION 3:PERMISSION TO SHARE INFORMATION*

I authorize the school nurse to contact the above physician when appropriate, to provide/obtain medical information. ___ Yes ___ No

I give permission for the nurse to share my child's medical information with appropriate staff. ___ Yes ___ No

## *SECTION 4: PERMISSION TO ADMINISTER MEDICATION IN SCHOOL*

**I give permission to have the school nurse give the following medications to my child,**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil) – *Grades 6-12 only*
- Antacid Tablets (Tums)

in accordance with the doctor's standing order for the Quincy Public Schools, prescribed by Dr. Robert Shiner, School Physician.

******** PLEASE CHECK HERE : ____ YES ____ NO**

**Parent/Guardian Signature**: _____ **Date**: _____

**Print name** :_____ **Relationship**:_____

**Day telephone #** _____ **Cell #** _____