

FERRY BEACH ECOLOGY SCHOOL

8 Morris Avenue, Building One ~ Saco, Maine 04072 ~ (207) 283-9951 ~ www.fb.es.org

Student Health Form

Dear Parents/Guardians: Please provide to us below a *complete* record of your child's health history and current health status so that we can care for your child's health and safety in our residential school program setting. *If your child, due to health reasons, must self carry an Epi Pen or Inhaler please contact us so that we can provide a release form for you and your child's physician to sign. We also require a duplicate Inhaler or Epi Pen on site to be kept in the Nurse's office while your child is a student at FBES. If your child has a medical condition, additional health information may be required.* If need be, please contact your school nurse or the FBES on site nurse to discuss your child's needs.

Please fill out this form completely including signatures. All information is confidential.

Student's Name

School Name

Teacher's Name

Gender: M F

Date of Birth

Height

Weight

Address

City

State

Zip Code

Parent/Guardian Names

Home Phone(s)

Father's Employer

Phone Number

Cell Phone

Mother's Employer

Phone Number

Cell Phone

Emergency Contact if above not available:

Name/Relation

Contact Number(s)

Student's Physician

Phone Number

Health Insurance Provider

Policy Number

Will your child take medication while at FBES? Yes

No

Date of Student's last Tetanus Booster

MEDICATIONS:

Please list all medications student will take at FBES. All medications must be sent with teachers. DO NOT PACK WITH STUDENT. MEDICATIONS MUST BE IN ORIGINAL CONTAINER CLEARLY LABELED BY PHARMACY WITH CORRECT DOSAGE AND TIME FOR ADMINISTRATION.

*** PLEASE LIST MEDICATIONS:**

Medication Name

Dose

Time(s)

Reason for taking

PLEASE:

Fill out

Page 2 on

the back !

FBES Student Health Form, page 2 Student's Name

Please list any known allergies and describe reaction that occurs:

Medications:

Food:

Bees/Insects:

Other:

Check all applicable health conditions of student and explain below:

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bathroom issues |
| <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Behavior issues |
| <input type="checkbox"/> Psychiatric conditions | <input type="checkbox"/> Recent trauma in home/family |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Ever been hospitalized? |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Recent orthopedic injury |
| <input type="checkbox"/> Recent surgery | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Recent illness | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Sleepwalking, bedwetting | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Does your child require aid in classroom? | |
| <input type="checkbox"/> Religious beliefs associated with medical intervention | |

Please explain All items checked above:

Occasionally, it is necessary to administer non-prescription (over-the-counter) medication to students while at FBES (for headaches, sore throats, stomachaches, ect.). These medications can only be administered with parent/guardian permission.

Please sign here to give permission for your child to receive over-the-counter medications if needed at FBES.

Signature

Date

Treatment Permission

In the event of a medical emergency, I, (print parent/guardian name), **grant permission for FBES staff, Student's school staff, or an ambulance to transport my child and I grant permission for any doctor, clinic, or hospital to perform emergency treatment as deemed necessary for my child.** I further authorize FBES Nurse to administer medications listed above to my child as scheduled.

Signature

Date