Annual Health History

Read Carefully and Complete Both Sides

St. George MSU
65 Main Street
Tenants Harbor ME 04860
(207)372-6312

Student Name:	Grade:	Date:
Health Provider:	Dentist:	

Use space on reverse if needed for explanations

Does your child have any known medical problems? YES NO

If yes, explain:_____

Has your child had any serious illness, injury or hospitalization in the past year? YES NO

If yes, explain:_____

Has your child ever been diagnosed with a concussion? YES NO

If yes, explain:_____

Has your child had any recent emotional upset/mental health concerns? YES NO

If yes, explain:_____

Medication	Dose/Frequency	Reason

Complete the following information as it applies to your child:

Vision: My child wear glasses or contact lenses: YES NO

List any vision needs at school:_____

Hearing: My child wears hearing aids or other hearing device: YES NO

List any hearing needs at school:_____

***Asthma:** My child uses and inhaler or nebulizer: YES NO

***Allergies:** My child is allergic to:_____

My child has an Epi-Pen: YES NO

***Food Allergies and/or Food Intolerances**, please list:_____

_____

**All students with life threatening allergies or asthma requiring emergency medications must have an annual Action Plan signed by the healthcare provider and parent. Action Plan forms are available on the school website or from the school nurse.*

More on Reverse

Do you give permission for your child to receive the following medication from the school nurse?	
Ibuprofen YES ☐ NO ☐	Acetaminophen (Tylenol) YES ☐ NO ☐
Calcium Carbonate (Antacid) YES ☐ NO ☐	Cough Drops (students over 7) YES ☐ NO ☐
Calamine Lotion YES ☐ NO ☐	Oral Anesthetic (Anbesol) YES ☐ NO ☐
Diphenhydramine (Benadryl) YES ☐ NO ☐	Triple Antibiotic Ointment YES ☐ NO ☐

Parent/Guardian Phone Numbers:_____

_____ _____ _____

Parent/Guardian Name Signature Date