Portsmouth School District Student Enrollment Form
Student Health and Emergency Information School Year 2017-2018

(Revised 6/21/2016)

Child Last Name: _____ **Child First Name:** _____

Physician Name_____ Date of last exam_____

Dentist Name_____ Date of last exam_____ **DOB**: _____

Eye Doctor_____ Date of last exam_____ **Grade:** _____

Please select child's Health insurance: ❒ Private insurance ❒ NH Healthy Families ❒ Well Sense ❒ None ❒ Would like more information

HEALTH HISTORY

Please check off conditions:

❒ Asthma ❒ ADD/ADHD ❒ Anxiety ❒ Cancer ❒ Concussion/head injury ❒ Diabetes ❒ Dental problems ❒ Depression

❒ Ear Infections ❒ Eye problems ❒ Epilepsy/Seizures ❒ Heart Condition ❒ GI (stomach/bowels) ❒ GU (kidney/bladder)

❒ Neurological problems ❒ Orthopedic (muscle/bone) ❒ Thyroid Disorder ❒ Chicken Pox ❒ Sinusitis ❒ Bronchitis ❒ Pneumonia

❒ Other: Please describe hospitalizations, surgeries, or other health concerns:

_____

_____

Does your child have vision problems? ❒ Yes ❒ No Does child wear glasses or contacts? ❒ Yes ❒ No

Does your child have hearing problems? ❒ Yes ❒ No Does child wear hearing aid? ❒ Yes ❒ No

Does your child have allergies? ❒ Yes ❒ No If so, indicate below allergy type and known reactions below:

❒ Medication_____

❒ Environment_____

❒ Food_____

Does your child require an EpiPen? ❒ Yes ❒ No **Does your child require an Inhaler in school**? ❒ Yes ❒ No

Does your child take any medication daily? ❒ Yes ❒ No If so, please list below:

Medication_____ Taken for: _____

Medication_____ Taken for: _____

Medication_____ Taken for: _____

Please contact your school nurse to obtain the required Physician/Provider prescribed Medication Administration forms.

All medications *must be* brought to the school nurse by a parent or guardian in the original container. A child may not transport medication.

Notice: In the event of a medical emergency, your child will be transported to the nearest hospital by ambulance.

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*An official immunization record is **required** upon enrollment into Portsmouth Early Education Program, Kindergarten, grade 6, grade 9 and for all transfers to the Portsmouth School District. A completed Physical Exam record is **required** for Kindergarten, New School Entry and recommended for grade 6 and 9 and some school athletic programs. A child may be excluded from school if immunizations are not documented. It is the responsibility of the parent to provide the Immunization and Physical Exam records to the School Health Office before the start of the school year.*

Non Prescription Medication administered by School Nurse

With parental permission the school nurse may give non-prescription medication to care for minor discomfort and illness during school hours. Medications listed below are available in the Health Office. Please **draw a line through** medications you **DO NOT** want given by the school nurse:

Acetaminophen (Tylenol)	Diphenhydramine (Benadryl)	Bacitracin ointment	Oral benzocaine (Orajel)
Ibuprofen (Advil/Motrin)	Guaifenesin (Robitussin)	Hydrocortisone Cream 1%	Phenylephrine (Sudafed PE) 9-12 only
Antacid tablets (Tums)	First Aid/Antiseptic Spray	Calagel/Callergy/Calamine lotion	Cough drops (grade 9-12 only)

I give permission for Portsmouth School Nurse to administer non-prescription medication listed above as necessary: ❒ Yes ❒ No

I give permission for Portsmouth School District to obtain current immunization record for my child from the Physician listed above: ❒ Yes ❒ No

I give permission for Portsmouth School District to obtain a recent Physical Exam and health information from the Physician above: ❒ Yes ❒ No

I give permission for routine and Spot vision screening as part of the Elementary School Health Program: ❒ Yes ❒ No ❒ N/A

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

I understand that this authorization is valid for 12 months after the date signed, unless I specify otherwise. I may revoke this authorization at any time by notify the school in writing. *This health form is completed yearly by parent/guardian and is placed in the student's confidential school health record. Please return it as soon as possible.*