

School: _____ Grade: _____ Teacher: _____

Woburn Public Schools Current Health Status for Grades Pre-K-5

Student: _____ Sex: _____ DOB: _____
Home Phone#: _____
Address: _____
Parent/Guardian #1: _____ Primary Care Physician:
Work#: _____ Name: _____
Cell#: _____ Phone# _____
Parent/Guardian #2: _____ Health Insurance Company: _____
Work#: _____
Cell#: _____
Emergency Contact: Name and Phone # _____

Does your child have any long-term medical problems? Yes ___ No ___ If yes, please explain below.

1. _____
2. _____
3. _____

Is your child allergic to any food or medicine? Yes ___ No ___ If yes, please explain below.

1. _____
2. _____
3. _____

** Is an Epi-pen required? Yes ___ No ___

Does your child take any medications, prescribed by a physician, on a long-term basis? Yes ___ No ___
If yes, please list them below.

1. _____
2. _____
3. _____

Does your child use an inhaler for his/her asthma? Yes ___ No ___

Does your child wear glasses? Yes ___ No ___ Contact lenses? Yes ___ No ___ Fulltime ___ Part-time ___

I give my permission for the school nurse to share with school personnel (i.e. classroom teacher) health information about my child. I know that I have the power to withdraw this consent at any time by sending written notice to the school nurse. I realize this information will only be shared with school personnel necessary to keep my child medically safe while at school.

Yes ___ No ___ Signature: _____ Date: _____

In the event of a medical emergency, we will attempt to notify you and, if necessary, your child will be transported by ambulance to a hospital Emergency Room.

IF YOUR CHILD'S HEALTH CHANGES DURING THE SCHOOL YEAR, PLEASE NOTIFY THE SCHOOL NURSE IN YOUR CHILD'S BUILDING.