

Seymour Community School Student Health Update 2024-2025

Student's Legal Name _____
(Last) (Middle) (First) (Preferred)

Birth date _____ Grade _____ Gender: Male ___ Female ___

In case of a medical emergency and I cannot be reached, I authorize my child's doctor or any attending physician to administer emergency medical treatment for the child listed on this form. As parent or guardian, I agree to assume all cost of treatment. Yes _____ No _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Preferred Hospital _____

Health Information (check all that apply):

*****2-sided*****

Does the student have:	Yes	No	Please explain "yes" answers
ALLERGIES (food, environmental, medicine, latex) – <i>list any reactions that may occur</i>			<i>EPI PEN carried? Yes/No</i>
Asthma/ Reactive Airway Disease			<i>Inhaler Dependent? Yes/No Rescue inhaler needed at school? Yes/No Self carries? Yes / No</i>
Diabetes			<i>Insulin Dependent? Yes/No</i>
Emotional/behavioral concerns: ADD/ADHD (please specify)			
Seizures/neurological disorder			<i>Type of seizure(s)? Medication Required? Yes/No</i>
Medications to be given at school			**list on separate medication administration form**
Medications given at home (include name, time needed, dosage, and reason)			

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List any other Surgical procedures or Medical conditions we should be aware of.			
Hearing aid(s)			
Glasses /contacts/ both (please circle)			
Permission to give as needed: (yes or no)	Yes	No	
<i>Anti-itch cream/hydrocortisone cream</i>			
<i>Topical antibiotic ointment</i>			
<i>Tylenol</i>			
<i>Ibuprofen</i>			
<i>Tums/antacids</i>			
<i>Benadryl</i>			

For Kindergarten and 9th grade ONLY : permission to participate in Ismile dental exam for state requirements?
 _____yes_____no

Parent/Guardian Signature

My relationship to this student is: _____

I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name: _____

Signature: _____ Date: _____

***Note to parents: Health information is shared with school staff that have a legitimate educational interest regarding the student.**