

**EAST HAMPTON PUBLIC SCHOOLS**  
**Health Reference Form**

Dear Parents,

In order to insure the best care for your child concerning health matters during school hours, it is essential that you complete the following form as accurately and completely as possible. If you have questions or concerns please contact the health office at your school.

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Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade level: \_\_\_\_\_  
(Last) (First) (Middle)

Pupil's Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Pupil lives with:  Both parents  Mother  Father  Stepmother  Stepfather  Relative/Guardian

Mother/Guardian's Name: \_\_\_\_\_ Cell phone/Beeper #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell phone/Beeper #: \_\_\_\_\_ Work#: \_\_\_\_\_

Please indicate any health-related concerns regarding your child:

- Asthma  ADD(ADHD)  Allergies: Beestings  Food  Seasonal  Medications  Other  
 Nosebleeds  Emotional/Behavioral Concerns  In-School Medications  At-Home Medications  Visual Aids  
 Hearing Aids  Physical Limitations  Financial Concerns  Religious/Cultural Beliefs  Other

Please explain any and all checked boxes: \_\_\_\_\_

Please read and sign:

In the event the health/school office staff is unable to reach a listed emergency contact regarding a medical emergency involving my child, I understand the local Emergency Medical Services (EMS) will be contacted for transport to a medical facility. And, with respect to confidentiality, I give permission for the school nurse to share medical information on a need to know basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With respect to confidentiality, I give the school nurse permission to share medical information on a need to know basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH OFFICE PROCEDURES

In order to abide by Connecticut State Laws and Regulations, the following requirements and procedures are adhered to by our health offices:

**Medication Administration:** No medications, prescription or over-the-counter medications will be administered without written permission from both a physician/dentist and parent/guardian. Authorization forms may be obtained from the health office and must be completed and signed by the afore mentioned before medications will be dispensed.

Medications must be in their original boxes/container and are to be transported to school by the parent or legal guardian and given to school staff for storage. No more than 45 days of medication can be stored in the health office at one time.

Cough drops may be left in the nurse's office with a signed and dated note from a parent or legal guardian. However, no more than a five-day supply will be accepted. Any remaining cough drops will be discarded after five days from the original date of authorization.

**Illness/Injury:** Upon visiting the health office, children will be assessed appropriate to their complaint. Illnesses/injuries that may result in early dismissal include: fever (100 and up), vomiting, suspicious rash, conjunctivitis (pink eye), questionable injuries, and other matters deemed necessary for the well-being of both the individual student and the entire school population.

If your child is ill with severe sore throat, fever, nausea, diarrhea, stuffy or runny nose or eyes, or any severe cold or flu symptoms, please keep him/her home and report the condition to the office for attendance purposes. Please report any communicable diseases to the health office. These include: chicken pox, head lice, impetigo, ringworm, pink eye, scabies, mononucleosis and any other condition your physician deems profound to a large population of children.

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Please read and sign the following if you grant your permission for tick removal during school hours. Ticks will not be removed without parental permission.

I give permission for the school nurse to attempt to remove ticks from my child. I understand that the nurse will not be held responsible if portions of the tick remain imbedded in the child.

**This permission will remain in effect until my child transfers to the next school building.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_