

Portsmouth School District Student Enrollment Form

Student Health Information 20__ - 20__ School Year

(PLEASE FILL OUT THIS FORM FOR EACH STUDENT BEING ENROLLED)

Last Name: _____ First Name: _____ Grade: _____

Physician Name _____ Date of last exam _____

Dentist Name _____ Date of last exam _____

Eye Doctor _____ Date of last exam _____

Please select what kind of insurance you have: Private Healthy Kids Gold Healthy Kids Silver NONE
Healthy Kids ID Number: _____ If none, would you like information about *NH Healthy Kids*? Yes No

I give permission for Portsmouth School District to obtain/ex change **immunization records** for my child with our Primary Care Provider (Physician). Yes No *If no, provide updated physician record of vaccines to your school nurse.*

HEALTH HISTORY

Please check off any past illnesses:

- Asthma ADD/ADHD Bronchitis Anxiety/Depression GI (stomach or bowels) Neurological problems
 Cancer Sinusitis Chicken Pox Heart Condition Concussion/head injury Thyroid Disorder
 Diabetes Pneumonia Ear Infections Epilepsy/Seizures GU (kidney, bladder) Orthopedic (muscle/bone)

Please describe any hospitalizations, surgeries, or other health concerns you may have:

Does your child have any vision problems? Yes No Wears glasses or contacts? Yes No

Does your child have any hearing problems? Yes No

Does your child have any 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? 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.

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

The school nurse with parental permission may give non-prescription medication for minor discomfort and illness. 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)	Benadryl	Bacitracin/Neosporin	Calagel/Caladryl
Ibuprofen (Advil/Motrin)	Claritin	Hydrocortisone Cream	Insect Repellent
Tums	Pseudofed PE (NOT Sudafed)	Sunscreen Lotion	Burn Cream/Gel
Pepto-Bismol (Gr. 6-12 only)	Guaifenesin (NOT Dextromethorphan)	First Aid/Antiseptic Spray	Orajel/Anbesol
Immodium (Gr. 9-12 only)			

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