



**Durham - Freeport - Pownal  
Annual Health History Update  
To be completed by Parent/Guardian**



Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please take a moment to update us on your child's health. Thank you!**

Have there been any changes in your child's health history? **Yes**  **No**  \_\_\_\_\_  
 \_\_\_\_\_

Has there been a new diagnosis for any medical condition? **Yes**  **No**  \_\_\_\_\_  
 \_\_\_\_\_

Has there been a change in **or** new development of any allergies? **Yes**  **No**  \_\_\_\_\_  
 \_\_\_\_\_

Has there been any serious injury requiring surgery or hospitalization? **Yes**  **No**  \_\_\_\_\_  
 \_\_\_\_\_

Has there been any head injury resulting in a concussion? **Yes**  **No**  \_\_\_\_\_  
 \_\_\_\_\_

Current Medications if any: \_\_\_\_\_  
 \_\_\_\_\_

I give permission to administer dose appropriate: Tylenol **Yes**  **No**     Ibuprofen **Yes**  **No**

Other: \_\_\_\_\_  
 \_\_\_\_\_

Have you changed medical providers? **Yes**  **No**

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have **Health Insurance**? **Yes**  **No**

Do you need help with finding **Dental Care** for your child? **Yes**  **No**

If you have any questions or concerns that you would like to discuss, please don't hesitate to contact your building school nurse. Our information is located on the back of this form.

- ◆ I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.
- ◆ I authorize exchange of information with my child's physician for required school physical examination, immunization records, and health concerns.
- ◆ I recognize that school personnel will take the appropriate steps in a medical situation, including calling Rescue 911.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Contact information: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_



**Durham - Freeport - Pownal  
District Health Team  
Informaton**



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**\*RSU No. 5 SCHOOL NURSES have the Maine DOE Certification to work as a School Nurse\***