



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 Health Record Requirements



Routine medical care is an important part of insuring that your child is healthy and able to participate to the best of his/her ability in the academic program and classroom activities of their school day, along with a strenuous physical education program, co-curricular activities, and interscholastic sports.

Students entering **Pre-K, Kindergarten, 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup> Grades & Transfers** are required to provide:

1. Their current **IMMUNIZATION RECORD** – copy from their physician.
2. The **STUDENT PHYSICAL EXAM Form** - must be completed & signed by their physician.  
This physical form will also cover students participating in the interscholastic sports program.  
Transfer Students may show evidence of a Physical Exam completed within the past year.
3. The **STUDENT HEALTH HISTORY** - must be completed for Preschool, Kindergarten and all Transfer students by a parent/guardian.
4. The **ANNUAL HEALTH HISTORY UPDATE Form** – must be completed for all returning students 1<sup>st</sup> -12<sup>th</sup> grade.

If you are unable to meet these requirements because of financial, religious, or other considerations, PLEASE contact the School Nurse in your child's school.

### HEALTH SERVICES TEAM

#### **Freeport High School**

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#### **Mast Landing School**

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#### **Morse Street School**

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#### **Pownal Elementary School**

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