



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, 3rd, 6th, 9th, 11th 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 1st -12th 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

Phone: 865-4706 x4

Fax: 865-2900

Emily Guyer RN, BSN

guvere@rsu5.org

Freeport Middle School

Phone: 865-6051

Fax: 865-2902

Angela Sclar RN, BSN

sclara@rsu5.org

Maureen Erskine RN, BSN

erskinem@rsu5.org

Durham Community School

Phone: 353-8249

Fax: 353-2731

Kim Gormely RN, BSN

gormelyk@rsu5.org

Mast Landing School

Phone: 865-4561 x2

Fax: 865-2909

Erika Skiff RN, BSN

skiffe@rsu5.org

Morse Street School

Phone: 865-6361 x2

Fax: 865-2903

Brooke Rich RN, BSN, MEd

richb@rsu5.org

Shannon Sampson RN, BSN

sampsons@rsu5.org

Pownal Elementary School

Phone: 688-4832 x16

Fax: 688-4872

Abigail Leavitt RN, BSN

leavitta@rsu5.org

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