



**Durham-Freeport-Pownl
Student Health History**
To be completed by Parent/Guardian
For Pre-K, Kindergarten and Transfer Students



Student Name: _____ Birth Date: _____ Grade: _____

Please check any EMERGENCY Health conditions that your child has:

Asthma: _____ Heart Condition: _____ Diabetes: _____ Seizures: _____ Other: _____

Please specify if your child has a LIFE-THREATENING ALLERGY to:

Foods: _____ Medications: _____ Stings: _____ Other: _____

An Individual Action/Management Plan must be signed by your PCP each school year, for any of these conditions.

***These potentially, life threatening conditions will be included on the Medical Alert List ***

Medications taken at home:(name, dose & Frequency) _____

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

Describe any other health conditions below: symptoms, treatment, frequency, and their age/date that it occurred.

These conditions will be included in your child's health record.

Allergies (Non-life-threatening) or sensitivities: _____

Behavioral/Social-Emotional/Mental Health Problems: _____ Diagnosed ADD/ADHD: _____

Bones/Joints/Muscle Coordination: _____ Scoliosis: _____ Treatment: _____

Bowel/Digestive/Stomach Problems: _____

Bronchitis/Chronic Cough/Wheezing: _____

Ear/Hearing Problems: _____ Tubes in Ears: _____ Hearing Aid(s): R _____ L _____

Eye/Vision Problems: _____ Glasses: _____ Contacts: _____

Headaches/Migraines/Dizzy Spells/Fainting: _____ History of Concussion: _____

Menstrual Issues: _____

Nutrition/Special Dietary Needs: _____

Skin Problems: _____

Speech Problems: _____

Teeth Condition: _____ Last Dental Exam: _____

Other Health Concerns: _____

Has your child had: Chicken Pox disease: _____ Pertussis (Whooping Cough)? _____

Does your child use: Crutches ___ Wheel Chair ___ Braces (Arms/Legs) R _____ L _____ Other: _____

Accidents/Hospitalizations/Surgery: _____

Does your child have **Health Insurance?**: Yes ___ No ___ Insured under **Maine Care**: Yes: ___ No: ___

If your child needs assistance with Health Insurance, CALL 1 -800-965-7476 or www.mainechac.org

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

Physician: _____ Phone/Fax: _____

Dentist: _____ Phone/Fax: _____

Eye care: _____ Phone/Fax: _____

Other Specialist, Counselors, etc. _____

- ◆ 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: _____



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

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