

CONFIDENTIAL HEALTH INFORMATION

*In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.*

STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade
School Name:					
Does the student have health insurance? <input type="checkbox"/> Private <input type="checkbox"/> Medical Assistance <input type="checkbox"/> No Insurance			Does the student have dental insurance? <input type="checkbox"/> Y <input type="checkbox"/> N		

CURRENT HEALTH CONCERNS

Please check the following health concerns that may impact the student's educational day. This information may be shared with FCPS staff as appropriate.

The student does not have any medical concerns

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> allergies (choose all that apply)
<input type="checkbox"/> foods _____
<input type="checkbox"/> bee sting/insect bite _____
<input type="checkbox"/> medicines _____
<input type="checkbox"/> pesticides/chemicals* _____
<input type="checkbox"/> other _____
<input type="checkbox"/> asthma: Has the student experienced an asthma episode in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> blood disorder _____ | <input type="checkbox"/> cancer
<input type="checkbox"/> diabetes
<input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s)
<input type="checkbox"/> heart problems _____
<input type="checkbox"/> mental health diagnosis _____
<input type="checkbox"/> physical disability _____
<input type="checkbox"/> seizures
<input type="checkbox"/> vision problems _____
<input type="checkbox"/> glasses <input type="checkbox"/> contacts
<input type="checkbox"/> other _____ |
|---|---|

This information is a change in health condition from the last school year

FCPS uses the Integrated Pest management programs to identify and control pest problems in schools. **Elementary schools must notify staff and parents/guardians of all students 24 hours before pesticides are to be applied inside the school building or on the grounds. **Middle and high schools** must notify only those parents, guardians or staff who have filed a written request for notification; forms are available at each school and must be updated every school year. See the FCPS Calendar Handbook for details, or contact your child's school.*

MEDICATIONS

List all medications and dosages your child receives on a routine basis

Medications are not required at school

*If the student requires over-the-counter or prescription medications or treatments at school, the health care provider and parent **must** complete and submit the appropriate authorization form(s). Obtain forms from the health staff at your child's school or at <http://www.fcps.org/> (click on Forms).*

Medications: _____

I hereby give authorization and consent to the school, in the event that I cannot be contacted, to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with FCPS/Frederick County Health Department staff and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.

Parent/Guardian name (please print): _____ Primary Contact Ph# _____

Signature of Parent / Guardian: _____ **Date** _____