

Student Name \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. Does the child have any of the following that may adversely affect his/her education/care experience?

- A. Visual problem \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_
- B. Hearing problem \_\_\_\_\_
- C. Speech or language problem \_\_\_\_\_
- D. Other physical illness or impairment \_\_\_\_\_
- E. Emotional or behavior problem \_\_\_\_\_

Special comments and/or recommendations:

2. Does the child have a health condition which may require emergency action while at school? If so, please specify e.g. seizures, allergies, bee sting, pollens, medication, diabetes, etc.

Recommendations:

3. Is the child on long-term medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the name of the drug, dosage & time given:

**Maryland regulations require physician's medication order form DHMH 582 be completed for each medication to be administered during the hours the child is in school.**

4. Family physician \_\_\_\_\_ Telephone \_\_\_\_\_

5. **Short-term Medication Administration** (sinusitis, flu, headache, etc.)

All medication is to be brought to the Health Room along with a note of parental consent and directions to administer the medication. If the medication is doctor prescribed, please ask the doctor for an authorization for the medication to be administered during school hours. Send all medication and authorizations to the Health Room in care of the School Nurse. **ALL CHILDREN UNDER THE AGE OF 12 must have a physician's order form DHMH 582 completed for each medication to be administered.**

**EMERGENCY INFORMATION**

Home Telephone Number \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Father/Guardian Name \_\_\_\_\_

Where parents/guardians can be reached if not at home:

Mother/Guardian \_\_\_\_\_  
Place of Employment Work Number Cell Phone

Father/Guardian \_\_\_\_\_  
Place of Employment Work Number Cell Phone

List TWO (2) NEIGHBORS OR NEARBY RELATIVES who will assume temporary care if parents cannot be reached:

- 1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_