

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.**

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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 _____