



THE ECOLOGY SCHOOL
184 Simpson Road ~ Saco, Maine 04072
(207) 283-9951 ~ www.TheEcologySchool.org

Student Health Form

Dear Parents/Guardians: Please provide to us below a *complete* record of your child's health history and current health status so that we can care for your child's health and safety in our overnight school program setting. If your child has a medical condition, including asthma or an allergy, additional health information may be required. If need be, please contact your school nurse or The Ecology School on-site nurse to discuss your child's needs.

*Please fill out this form completely including signatures. **All information is confidential.***

Student's Name _____

School Name _____ Teacher's Name _____

Gender: _____ Date of Birth _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Names _____ Home Phone(s) _____

Parent/Guardian #1's Employer _____

Phone Number _____ Cell Phone _____

Parent/Guardian #2 Employer _____

Phone Number _____ Cell Phone _____

Emergency Contact if above not available:

Name/Relation _____ Contact Number(s) _____

Student's Physician _____ Phone Number _____

Health Insurance Provider _____ Policy Number _____

Date of Student's last Tetanus Booster _____

Will your child take medication while at The Ecology School? Yes ___ No ___

MEDICATIONS:

Please list all medications student will take at The Ecology School. MEDICATIONS MUST BE IN ORIGINAL CONTAINER CLEARLY LABELED BY PHARMACY WITH CORRECT DOSAGE AND TIME.

<u>Medication Name</u>	<u>Dose</u>	<u>Time(s)</u>	<u>Reason for taking</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any known *allergies* and describe reaction that occurs:

Medications: _____

Food: _____

Environmental: _____

Other: _____

Check all applicable health conditions of student and explain below:

- | | |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Recent hospitalization (last 5 years) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Recent illness |
| <input type="checkbox"/> Bathroom issues | <input type="checkbox"/> Recent injury |
| <input type="checkbox"/> Behavior concerns | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Recent trauma in home/family |
| <input type="checkbox"/> Does your child require an aid in the classroom? | <input type="checkbox"/> Religious restrictions (food, medical, etc.) |
| <input type="checkbox"/> Eating disorder or history of | <input type="checkbox"/> Severe anxiety |
| <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Skin concerns |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Follows a special diet |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Vegetarian or Vegan |
| <input type="checkbox"/> Psychiatric diagnoses | <input type="checkbox"/> OTHER _____ |

Please explain All items checked above:

Occasionally, it is necessary to administer non-prescription (over-the-counter) medication to students while at The Ecology School (for headaches, sore throats, stomachaches, etc.). These medications can only be administered with parent/guardian permission and according to our standing orders.

Please sign here to give permission for your child to receive over-the-counter medications if needed.

Signature: _____ **Date:** _____

Treatment Permission

In the event of an emergency your child will be transported to an emergency facility where they can be treated for their medical issue. Every effort will be made as soon as possible to contact you. Signing below states that you agree and understand. If this is not signed your child will not be able to attend.

I further authorize The Ecology School Nurse to prescription administer medications listed to my child as directed and in accordance with The Ecology School's medication procedures.

Signature: _____ **Date:** _____