

*This form is to be filled out by **all** students in grades 5-12.*

FIVE TOWN CSD/MSAD #28
HEALTH HISTORY/CONSENT FORM

Dear Parent or Guardian:

Please fill out the following information and return to school for **EVERY** student! **I strongly recommend the Maine Care Plan and/or school insurance for all students who are not adequately covered by other health plans. If you have any problems or questions, please call me.**

Judith Clossey, R.N. School Nurse 236-7800 ext. 250; judy_clossey@fivetowns.net

Student Name: _____ Grade: _____ Date of Birth: _____

WITHIN THE LAST YEAR HAS YOUR CHILD:

- | | | |
|---|-----|----|
| 1. Had a significant injury (concussion, fracture, dislocation)? | YES | NO |
| 2. Developed any new illness (asthma, diabetes, epilepsy)? | YES | NO |
| 3. Episodes of fainting (or near fainting), dizziness, breathlessness, fatigue, or seizure during exercise/excitement? | YES | NO |
| 4. Any family history of unexpected, sudden death in a person 50 yrs. or less? | YES | NO |
| 5. Consistent or unusual chest pain/pressure, palpitations and/or shortness of breath during exercise? Any unexplained/diagnosed heart murmurs? | YES | NO |
| 6. Had surgery or been hospitalized? For what? _____ | YES | NO |
| 7. Is student currently under Dr.'s care? For what? _____ | YES | NO |
| 8. Is student currently taking medication? | YES | NO |

Indicate what, why, and when _____

(It is extremely important that the nurse be aware of any/all medical conditions and routine medications.)

- | | | |
|---|-----|----|
| 9. Any significant allergies/asthma requiring medical care? _____ | YES | NO |
| 10. Any vision or hearing problems? _____ | YES | NO |
| 11. Wear glasses? YES NO _____ contact lenses | YES | NO |
| 12. Student's regular Doctor? _____
Dentist? _____ | | |
| 13. Date of last full physical? _____ | | |
| 14. Vaccines given in the last year? Name _____ Date _____ | | |
| 15. Explain any other special health concerns/conditions:

_____ | | |

16. Explanation of all "YES" responses in #1. – #11.

17. Do you know of any reason why your son or daughter would be **unable** to participate in a **scholastic/athletic** program? YES NO

Telephone #: Home _____ Work _____ Cell _____

Date: _____ Signature: _____

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_____ has my permission to participate in a full educational and/or athletic program in the Five Town CSD / MSAD #28. I accept full responsibility for any and all financial obligations incurred as a result of injury to my child while he/she is taking part in either program. I realize that there is a risk of injury (sometimes severe) that is inherent in all sports and certain educational settings (labs, IA, etc.), and I release the Five Town CSD / MSAD #28, the administration, staff, coaches, and any other school officials or employees from any claim that may arise during such participation, unless the accident is the direct result of negligence on the part of any of the persons mentioned above.

I attest that, in accordance with school policy, my child has at least had a physical in grades **6 and 9** or has physician/practitioner's permission to participate. I understand that if my child is injured or ill enough to receive medical attention, he/she will have to present a physician's permission to return to active participation in sports.

Five Town CSD / MSAD #28 requires that you as a parent or guardian **provide medical coverage for your son or daughter adequate enough to properly cover any and all financial obligations incurred as a result of injury to him/her while participating in school activities.**

Information on insurance may be obtained by contacting the Nurses' office at CRMS 236-7805, ext. 130 or at Camden Hills Regional High School 236-7800, ext. 250.

I attest that I have the coverage listed below and that it is sufficient as described:

_____ School Insurance
_____ Anthem Blue Cross / Blue Shield
_____ Other: _____
(Name)

I further attest that Camden Hills Regional High School / MSAD #28 has permission to obtain medical care for my child _____ in case of an emergency requiring immediate attention. I also understand that I am fully responsible for all costs associated with this need.

_____ Date _____ Parent /Guardian _____ Phone# _____