

Windham Southeast Supervisory District 2024-2025 Annual Health Form

BAMS 109 Sunny Acres **BUHS** 131 Fairground Rd **WRCC** 80 Atwood St.
Brattleboro, VT 05301

Student Name:	DOB:	Grade:	Teacher:	Pronoun:
---------------	------	--------	----------	----------

Emergency Contact Information

Parent/Guardian #1: email:	Home Phone: Cell Phone:	Place of Employment: Work Phone:
Parent/Guardian #2: email:	Home Phone: Cell Phone:	Place of Employment: Work Phone:
Emergency Contact #1:	Relationship:	Phone:
Emergency Contact #2:	Relationship:	Phone:

Medical Information and Health Questions

List and describe any **HEALTH PROBLEMS, ILLNESS, DISABILITY** (seizures, ADD, ADHD, anxiety, cardiac, concussions) the school should be aware of:

ALLERGIES (food, venom, medications, seasonal) and symptoms. If you child has food allergies, please list specific food restrictions:	ASTHMA	Y	N
	Has a doctor, nurse, or other health professional EVER said that your child has ASTHMA?		
	If YES, does your child STILL have ASTHMA?		
	If YES, does your child have an up-to-date VT Asthma Action Plan?		
	Will your child require the use of an inhaler during school?		

Please list any **MEDICATIONS** your child takes regularly: _____
 Will your child take medication **during school hours**? If yes, medication name: _____

		Yes	No
Doctor/Nurse Practitioner:	Well Child Exam within the last year? date _____		
Dentist:	Appointment within the last year? Date _____		

OTHER Medical Providers (ex:Therapist, eye doctor, audiologist, neurologist): _____
Yes No

Does your child have Health Insurance? For information on Vermont Insurance (vermonthealthconnect.gov or 1-855-899-9600) Yes No

Please review the list below and please place a check next to the over the counter medications and testing that you approve for administration to your child while at school (as needed):

Tylenol(Acetaminophen)
 Motrin/Advil (Ibuprofen)
 Benadryl (Diphenhydramine)
 Tums/Antacid (Calcium Carbonate)
 Sunscreen
 Insect Repellant

Yes No

Do you give permission for COVID testing at school? More information on testing can be accessed [HERE](https://docs.google.com/document/d/1k1m8pTYWnM1bqNMepLuuWspoAnQ26t6bTYaivdTmtq4/edit?usp=sharing) or below site <https://docs.google.com/document/d/1k1m8pTYWnM1bqNMepLuuWspoAnQ26t6bTYaivdTmtq4/edit?usp=sharing> Yes No

SIGNATURES NEEDED-Please Sign Both

In Case of Emergency: In case of accident or acute illness I request that the school contact me. In an emergency, emergency personnel can be contacted and information can be shared with emergency and specialty medical services. If the school is unable to reach me, I hereby authorize the school to call the health care provider indicated and to follow his/her instructions. If it is impossible to contact the provider, the school may make whatever arrangements necessary.

Signature: _____ **Date:** _____

Release of Information: I give permission for school health services to send/receive confidential medical information to ALL my child's Health Care Providers.
Signature: _____ **Date:** _____