

Dr. Helen Baldwin Middle School

45 Westminster Road, Canterbury, CT 06331 Phone: 860-546-9421 Fax: 860-546-6289

YEARLY HEALTH UPDATE 2018-2019

CHILD'S NAME GRADE/TEACHER
PARENT/GUARDIAN HOME PHONE #
MOTHER WORK # CELL # EMAIL
FATHER WORK # CELL # EMAIL
CHILD RESIDES WITH:

EMERGENCY CONTACTS: (Please provide 3 different emergency numbers)
NAME PHONE
NAME PHONE
NAME PHONE

PHYSICIAN PHONE

HOSPITAL PREFERENCE: W.W. Backus Day Kimball Windham

- 1) Does your child have any specific illness or problem?
2) Does your child have any allergies (food, insects, medications, etc)?
3) Does your child take any medication (daily or occasionally)?
4) Does your child have any problems with vision, hearing, or speech (glasses, contacts, etc)?
5) Has your child had any hospitalization, operation, major illness or injury?
6) My child is covered under health insurance

Comments:

I give permission for release for information on this form for confidential use in meeting my child's health and educational needs in school. I give Canterbury public schools permission to treat and/or transport my child in the event of an emergency.

SIGNATURE OF PARENT/GUARDIAN DATE

TYLENOL ADMINISTRATION AUTHORIZATION

Under the standing orders of our medical advisor, Acetaminophen (Tylenol) may be given to students with parent/guardian written permission for headaches, earaches, menstrual cramps, dental pain, sore throat and minor joint and muscle pain. If you wish to allow your child to receive Acetaminophen for these ailments at school please complete the following:

I give permission for my child to receive Acetaminophen (Tylenol) at school per manufacturer's dosing:

Yes No SIGNATURE OF PARENT/GUARDIAN