# Canterbury Public Schools

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

## YEARLY HEALTH UPDATE 2022-2023

CHILD'S NAME_____     GRADE/TEACHER_____

PARENTS/GUARDIANS_____     HOME PHONE #_____

STUDENT RESIDES WITH: _____

*EMERGENCY CONTACTS PARENTS:*
PARENT_____ WORK #_____ CELL #_____     EMAIL_____

PARENT_____ WORK #_____ CELL # _____     EMAIL_____

*EMERGENCY CONTACTS OTHER:* **(Please provide 3 *different* emergency numbers)**
NAME_____     PHONE_____

NAME_____     PHONE_____

NAME_____     PHONE_____

PHYSICIAN_____     PHONE_____

HOSPITAL PREFERENCE:     W.W. Backus _____     Day Kimball _____     Windham_____

|  | Yes | No |
|---|---|---|
| 1) Does your child have a specific medical condition?<br>Please Specify:_____ | ___ | ___ |
| 2) Does your child have any allergies (food, insects, medications, etc)?<br>Please list: _____ | ___ | ___ |
| 3) Does your child take any medication (daily or occasionally)? **<br>Please List: _____<br>*(** IF YOUR CHILD WILL BE TAKING MEDICATION AT SCHOOL  AN AUTHORIZATION FORM MUST<br>BE FILLED OUT BY THE PHYSICIAN AND MEDICATION MUST BE BROUGHT IN BY AN ADULT.  **)* | ___ | ___ |
| 4) Does your child have any problems with vision, hearing, or speech (glasses, contacts, etc)?<br>Please Specify: _____ | ___ | ___ |
| 5) Has your child had any hospitalization, operation, major illness or injury?<br>Please Specify: _____ | ___ | ___ |
| 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

### ACETAMINOPHEN ADMINISTRATION AUTHORIZATION

Under the standing orders of our medical advisor, acetaminophen (commonly known as 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 (commonly known as Tylenol) at school per manufacturer's dosing*:

Yes_____          No_____          _____
                                                   SIGNATURE OF PARENT/GUARDIAN