

Dr. Helen Baldwin Middle School

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YEARLY HEALTH UPDATE 2026-27

CHILD'S NAME _____ GRADE/TEACHER _____

CHILD RESIDES WITH: _____ HOME PHONE _____

PARENT/GUARDIAN #1 NAME _____ CELL # _____ WORK # _____

PARENT/GUARDIAN #1 EMAIL _____

PARENT/GUARDIAN #2 NAME _____ CELL # _____ WORK # _____

PARENT/GUARDIAN #2 EMAIL _____

EMERGENCY CONTACTS: (Please provide 3 different emergency numbers)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

PHYSICIAN _____ PHONE _____

Yes No

1) Does your child have any specific medical condition or concern?

Please Specify: _____

___ ___

2) Does your child have any allergies (food, insects, medications, etc)?

Please list: _____

___ ___

3) Does your child take any medication (daily or occasionally)? **

Please List: _____

(IF YOUR CHILD WILL BE TAKING MEDICATION AT SCHOOL, AN AUTHORIZATION FORM MUST 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)?

Please Specify: _____

___ ___

5) Has your child had any hospitalization, operation, major illness, or injury?

Please Specify: _____

___ ___

6) My child is covered under health insurance

___ ___

Comments: _____

*I give permission for the release of 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 administered to students with written permission from a parent or guardian 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 the manufacturer's dosing:

Yes _____

No _____

SIGNATURE OF PARENT/GUARDIAN