

Medway Public School District Extended Year Program Health, Medical & Emergency Information

Must be completed prior to student attending the 2011 EYP Program

Student Information:

Name: _____ D.O.B. _____
 First Last

Address: _____
 Street Town

Home Telephone # _____ Resides with _____

Parent Information:

Mother's name _____ Home Phone # _____
 First Last Cell Phone # _____

E-mail Address _____

Place of Work: _____ Work Phone # _____

Father's name _____ Home Phone # _____
 First Last Cell Phone # _____

E-mail Address _____

Place of Work: _____ Work Phone # _____

Emergency Contacts: If above contacts are not available, please contact:

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Hospital Choice: _____ Permission to seek medical attention: ___ YES ___ NO

Student's Physician: _____ Phone number: _____

Health Insurance Provider: _____ Policy Number: _____

Student's Dentist: _____ Phone number: _____

*****PLEASE BE SURE TO COMPLETE BOTH SIDES*****

The EYP nurse has the permission to administer Tylenol, ibuprofen, hydrocortisone 1% topical cream, or Benadryl if deemed appropriate
_____YES _____NO

Medical Information:

Please check all that apply to your child:

Heart condition___ Diabetes ___ Asthma___ (if yes will an inhaler be brought to the school ___YES ___ NO) Seizure Disorder ___ ADD/ADHD ___ Migraines ___ Kidney Disease ___ Speech/Hearing/Vision Problems (specify)_____ Assistive devices (i.e. braces, walker, wheel chair) _____ Depression/Anxiety Disorder or other mental health concerns (specify) _____

Allergies: _____YES _____NO

If yes, please list all allergies:

Has your child been prescribed an Epi-pen for his/her allergies _____YES _____NO

Medications taken :

_____Time of Day: _____
_____Time of Day: _____
_____Time of Day: _____

Will any medications be given during the Extended Year Program hours, 8:30-12:00?
_____YES _____NO

Important:

If any medications are to be dispensed by the Extended Year Program nurse, a completed Medication Administration Order Form must be on file. No medications will be dispensed without doctor's orders, directions and signature.

Please add any additional information you feel would be important for the nurse to be aware of.

