

SUMMER SCHOOL – City of Waterbury
Student Medical History

Dear Parent/Guardian: Please fill out and bring with you to registration for high school summer school

Student's Name: _____ Date of Birth: _____

Student lives with: _____

Student's Address: _____

Name of responsible Parent/Guardian: _____

Phone number of Parent/Guardian who can be reached for Emergency: _____

List Student's Allergies:

Does your child require an **Epi-pen**? _____ Yes _____ No

Does your child have **Asthma**? _____ Yes _____ No / Does your child use an **inhaler**? _____ Yes _____ No

List any daily medications and times that your child takes them.

1. _____

2. _____

3. _____

Does your child have any of the following medical concerns?

Please use back side of paper if necessary.

Hearing	_____	Tracheotomy	_____
Feeding/Swallowing	_____	Special diet	_____
Vision	_____	Tube feeding	_____
Seizures	_____	Catheterization	_____
Diabetes	_____	Difficulty walking	_____
Wheelchair	_____	Other	_____

Please explain the above; _____

The medication policy is in effect during summer school. **You or a responsible adult must bring your child's medication in to the school nurse on the first day of summer school along with the doctor's order.** The student can not take the medication home. ***You must come and pick it up on the last day of school or we will discard the medication.***

Parent Signature _____ Date _____

For School Nurse's use only

Summer School nurses notes

