

Tantasqua Regional Senior High School Health Office, 319 Brookfield Road, Fiskdale, MA 01518
Voice (508) 347-9301 X 5125 Fax (508) 347-1061 Email: thomasw@tantasqua.org

TRSHS HEALTH RECORD UPDATE-PLEASE PRINT, COMPLETE ALL PHONE NUMBERS & RETURN

LAST NAME _____ FIRST NAME _____ MI _____ SEX _____ DOB _____ Year of Graduation _____
RESIDENCE _____ MAIL _____ PARENT EMAIL _____
TOWN _____ MA, ZIP _____ HOME PHONE () _____
FATHER _____ EMP.TEL () _____ EXT _____ CELL () _____
MOTHER _____ EMP.TEL () _____ EXT _____ CELL () _____
(This student resides with – Mother _____ Father _____ Both _____ Other _____
EMERG. CONTACT (RELATION) _____ TEL () _____
EMERG. CONTACT (RELATION) _____ TEL () _____
FAMILY DOCTOR _____ TEL () _____
FAMILY DENTIST _____ TEL () _____
MEDICAL INSURANCE YES _____ NO _____ PLAN NAME _____ GLASSES _____ CONTACTS _____

MEDICAL HISTORY

(To ensure confidentiality, you may send this form to the school nurse at the above address)

Please report any health problems that your child has such as allergies, asthma, operations, illness, or injuries and the dates along with any other conditions the nurse should be aware of. (Please state if there are no health problems)

Medical Special Needs: Please describe any physical conditions your child has that we should be aware of or updated about: (ADD, ADHD, anorexia, bulimia, scoliosis, epilepsy, asthma, seizures, heart problems, diabetes and chronic illness). Please include hearing and vision/glasses information.

Medication Profile: Please list any medications that your child is presently taking at home. If your child needs medication while in school, contact the Health Office for the proper medication forms. If you have any questions or concerns please contact the school nurse.

Medication

Purpose

I GIVE THE NURSE PERMISSION TO SHARE MEDICAL INFORMATION WHEN NECESSARY FOR THE SAFETY AND WELFARE OF MY CHILD. (PLEASE UPDATE INFORMATION WHEN NECESSARY)

IF YOU WISH YOUR SON/DAUGHTER TO RECEIVE SCHOOL TYLENOL/IBUPROFEN ONCE DURING SCHOOL HOURS, PLEASE CHECK THE APPROPRIATE BOX BELOW.

TYLENOL _____ IBUPROFEN/ADVIL _____ TUMS _____ BENADRYL _____ NO MEDICATION IN SCHOOL _____

PARENT SIGNATURE

DATE