

GRADE_____

FOXBOROUGH HIGH SCHOOL
Student Medical Information Form

Student Name:_____D.O.B._____

Parent/Guardian #1_____Daytime Phone:_____

Parent/Guardian #2_____Daytime Phone:_____

In case of emergency, the school will attempt to contact a parent/guardian before calling 911. Your child will be transported by ambulance to an emergency care facility if needed.

Physician Name:_____Phone:_____

Dentist Name:_____Phone:_____

Does your child have health insurance? Yes_____ No_____ If yes, Public_____ Private_____

If you do not have health insurance, Massachusetts has health insurance plans that will provide families with affordable health care (restrictions apply). Please contact the school nurse for more information about these programs. All communication will be confidential.

Please list all medications your child takes on a regular basis, include Epi Pen if indicated:_____

Please list any medical conditions your child has:_____

FHS has standing orders from Dr. Arthur Giuliano, School Physician, for the medications listed below. **Please check (✓) the medications** you give permission for your child to receive at school, administered by the school nurse. These medications will be given only for occasional headaches, cramps, minor muscle aches, discomfort from braces, upset stomach, etc.

_____ Acetaminophen 650mg by mouth every 4 hours, as needed

_____ Ibuprofen 400mg by mouth, every 6-8 hours, as needed

_____ Calcium Carbonate (Tums) 2-4 tablets every 8 hours, as needed for indigestion

_____ I **do not** wish for any medication(s) to be given to my child.

My child has not experienced any side effects from the selected medication(s). I understand that I will be notified if my child's condition worsens.

I give permission, to the school nurse, to share information relevant to my child's health with appropriate school personnel, when needed, to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Parent/Guardian Signature_____Date_____