

34 Knowlton Street
Camden, Maine 04843

(207) 236-7805
FAX (207) 236-7815



Jaime Stone

Principal

Matt Smith

Assistant Principal

Health History Form

Student Name: _____ Grade: _____ Date: _____

Health Care Provider: _____ Dentist: _____

Does your child have any known medical problems? YES NO

If YES please explain: _____
(Attach separate page if needed)

Has your child had any serious illness, injury or hospitalization recently? YES NO

If YES, please explain: _____

Has your child ever been diagnosed with a concussion? YES NO

If YES, when _____

Has your child had any recent emotional upset/mental health concerns? YES NO

If YES, please explain: _____
(Attach separate page if needed)

Medications my child is currently taking (list all, attach separate page if needed).

Medication	Dose	Reason

Check the following information as it applies to your child:

Vision: My child wears glasses or contacts: YES NO

List any vision needs at school: _____

Hearing: My child wears hearing aids or other hearing device: YES NO

List any hearing needs at school: _____

Asthma: My child uses an inhaler or nebulizer: YES NO

Allergies: My child is allergic to: _____

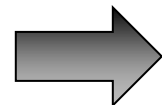
My child has an *Epinephrine Auto Injector* (Epi Pen/Auvi Q) YES NO

***All students with life-threatening allergies or asthma requiring emergency medications must have an annual Action Plan signed by a healthcare provider and parent. Action Plan forms are available on the CRMS website (Student Services/Nurse tab) or from your child's physician.**

Do you give permission for your child to receive the following medications from the school nurse?

Ibuprofen (Advil):	YES	NO
Acetaminophen (Tylenol):	YES	NO
Antacid Tabs (Tums):	YES	NO
Throat Lozenges:	YES	NO
Antibiotic Ointment:	YES	NO
Topical Anti-Itch:	YES	NO
Oral Anesthetic:	YES	NO

TURN OVER



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_____ has my permission to participate in a full educational and/or athletic program in MSAD #28. I accept full responsibility for any and all financial obligations incurred as a result of injury to my child while he/she is taking part in either program. I realize that there is a risk of injury (sometimes severe) that is inherent in all sports and certain educational settings, and I release MSAD #28, the administration, staff, coaches, and any other school officials or employees from any claim that may arise during such participation, unless the accident is the direct result of negligence on the part of any of the persons mentioned above. I attest that Camden Rockport Middle School has permission to obtain medical care for my child in case of an emergency requiring immediate attention. I understand that I am fully responsible for all costs associated with this need. I also understand that if my child is injured or ill enough to receive medical attention, he/she will have to present a physician's permission to return to active participation in sports.

Parent/Guardian Name	Signature	Date
Mobile Phone #: _____	Work # _____	Home# _____

MSAD #28 recommends that you provide adequate medical coverage for your son or daughter to properly cover any and all financial obligations incurred as a result of injury to him/her while participating in school activities. The school insurance is available for all students who are not adequately covered by other health plans or who do not have dental plans. Information on insurance may be obtained from the nurse's office at 236-7805 ext. 2144.

My son/daughter is covered by the plan listed below:

School Insurance () Maine Care () Private Insurance ()

Uninsured (I agree to cover all health expenses incurred by my son or daughter) ()

*If you have any concerns or questions contact the school nurse at 236-7805 ext. 2144
Also, check the CRMS website (Student Services/Nurse tab) for school health information.*

CONCUSSION INFORMATION FOR ALL ATHLETES

Our signatures state that we have read the entire Concussion Information Sheet (available on the school website or from the school office) and understand our responsibility and the consequences for not adhering to it.

Date	Parent/Guardian Name	Signature
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Date	Student Name	Signature
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