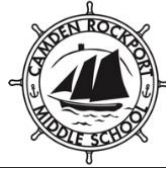


Annual Health History

Read Carefully and Complete Both Sides



Camden Rockport Middle School
34 Knowlton St
Camden ME 04843
crms.fivetowns.net

Student Name:	Grade:	Date:
Health Provider:	Dentist:	

Does your child have any known medical conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:		
Has your student had any serious illness, injury, or hospitalization recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:		
Has your student ever been diagnosed with a concussion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:		
Has your student had any recent emotional upset or mental health concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please explain:		

Current Medications (list all; attach separate page if needed):

Medication	Dose/Frequency	Reason

Answer the following information as it applies to your student:		
Vision: Wears glasses or contacts:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List any vision needs at school:		
Hearing: My student wears hearing aids or other hearing device:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List any hearing needs at school:		
Asthma: My student has a current prescription for an inhaler:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies: My student is allergic to:		
My student has a current Emergency Action Plan and a prescription for Epinephrine Auto Injection (i.e. EpiPen, Auvi-Q)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PLEASE COMPLETE BACK OF PAGE →

Do you give permission for your child to receive the following medications from the school nurse?					
Ibuprofen (Advil)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Acetaminophen (Tylenol)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Calcium Carbonate (antacid)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cough Drops	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Calamine Lotion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Oral Anesthetic (Anbesol)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diphenhydramine (Benadryl)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Triple Antibiotic Ointment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Child's name: _____ 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 must present a physician's permission to return to active participation in sports.

Signature: _____	Date: _____
Parent/Guardian Name: _____	Phone: _____

Camden Rockport Schools recommend you provide adequate medical coverage for your child to properly cover any and all financial obligations incurred as a result of injury while participating in school activities.

My student is covered by the plan listed below:

MaineCare
 Private Insurance: _____
 Uninsured – I agreed to cover all health expenses incurred by my student.

CONCUSSION POLICY INFORMATION for ATHLETES

By signing below, you indicate that you have read the Concussion Policy (available on the school website here: https://crms.fivetowns.net/athletics/sports_enrollment) and understand your responsibility and the consequences for not adhering to the policy.

Parent/Guardian Signature: _____	Date: _____
Printed Name: _____	
Student Signature: _____	Date: _____
Printed Name: _____	