

Rangeley Lakes Regional School District
MEDICAL INFORMATION FORM 2014-2015
 (Return to school nurse)

The information on this form will be kept in the nurse's office and used to better care for your child. In the event of an emergency this information will be provided to emergency medical personnel.

Name of Student: _____ Grade _____
 Name of Parent/Guardian: _____
 Dentist: _____ Phone: _____
 Health Care Provider: _____ Phone: _____

Does your child have a history of any of the following: (check all that apply)

	Yes	No	
1.			Allergies, i.e., medication, food, latex, insect stings, environmental, etc. *Reaction: Rash Swelling Hives Trouble Breathing Vomiting Diarrhea Local Reaction
2.			Asthma
3.			Diabetes
4.			Heart problems
5.			Other chronic illnesses
6.			Hospitalizations or surgeries
7.			Does your child wear glasses or have vision problems?
8.			Hearing problems
9.			Frequent headaches
10.			Seizures
11.			Frequent stomach aches
12.			Physical limitations
13.			Chicken Pox-illness *at what age? _____

Please explain any items checked YES.

Is this student on medications for ANY reason? (Including herbals or supplements)
 Yes ___ No ___
 If YES, please explain (include product, name, dosage, and number of times given per day)

Is there anything else the school nurse should know about your child?

Parent/ Guardian Signature _____ **Date** _____

RECORDS STORAGE (CRISIS PLAN)

I _____ give permission for a photocopy of my
(Print name of parent/guardian)
child's _____, grade _____ medical
(Print name of child)
information form to be stored at the Rangeley Town Office as part of the RLRS Crisis
Plan. This confidential information will be stored according to regulations of the Federal
Education Rights and Privacy Act (FERPA)

Parent/ Guardian Signature _____ **Date** _____