GRADE:_____

STUDENT HEALTH & EMERGENCY INFORMATION: 2020–2021

*Please complete **both sides** of this form and return to the guidance department immediately*

Student's Name _____
Last *First* *Middle*

Student I.D. # _____ Date of Birth: Gender: M/F/Non-binary

Home Address _____ City/Town _____ Student Cell_____

Emergency contact (parent/guardian) Name: _____ Daytime phone number:

For minor injury/illness first aid will be provided according to school policy (standing orders). ***In case of emergency, the school will attempt to contact parent/guardian. Your child will be transported by ambulance to the nearest emergency care facility if necessary; discharge paperwork is required to indicate that a student is medically cleared to return to school****.*

Name of Health Insurance _____ Insurance ID number_____

Physician Name _____ Phone_____

Please check **all** that apply to your child:

Severe allergy requiring Epipen (food/insects/meds/environmental): _____

Allergies: other _____

Asthma: Diabetes: Seizures: Migraines: Heart Condition: ADD/ADHD: ASD:

Vision: glasses contacts Decreased hearing: Right ear Left ear

Any significant illness/injury/surgery in the past year

_____

Other health condition- specify (please use reverse side if needed)

_____

_____

Please list ANY medicine (name, dose, time it is taken) your child regularly takes at home or school (prescribed or over the counter): _____

_____

_____

Students must have a written physician's order in order to take medication at school.

***Please see the Student Handbook*.**

I authorize Tri-County Regional School District to submit claims for health related services to Mass Health.

I give permission to the school nurse to share information relevant to my child's health condition 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 _____

COMPLETE BACK OF FORM

MEDICATION PERMISSION: 2020-2021 SCHOOL YEAR
TRI-COUNTY REGIONAL TECHNICAL HIGH SCHOOL

NAME OF STUDENT: _____ **GRADE:**_____

I understand that the School Health Policy requires special permission for the use of any medication by students during school hours. We have Standing Orders from our Tri-County School Physician allowing certain over-the-counter medications, listed below, to be administered by the School Nurse**. As a reminder, all prescribed medications are to be in their original container, clearly marked with the name of the medication and the amount to be given. Parents must bring in all prescribed medications. Medications must be locked in the nurse's medicine cabinet during school hours.** Students are not allowed to carry any medications on them during school hours. Exceptions to this rule must be specified in writing by a physician.

Please indicate which medications you would allow the School Nurses to administer:

Acetaminophen 325mg, take 1 – 2 tablets every 4-6 hours for pain, fever.	Yes ___	No____
Ibuprofen 200mg, take 1-2 tablets every 6-8 hours for pain, fever.	Yes___	No____
Antacid take 1- 2 tablets every 4 hours for stomachache.	Yes___	No____
Hydrocortisone cream 1% for itchy skin as needed.	Yes___	No____
Benadryl 25mg 1-2 capsules every 6-8 hours, for allergic reactions.	Yes___	No____
Calamine lotion as needed for skin rash.	Yes___	No____
Triple Antibiotic Ointment as needed for cuts, abrasions, open skin.	Yes___	No____

THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN:

Parent/Guardian Signature: _____ Date:_____

Feel free to contact the school nurse with any additional questions or concerns. 508-528-5400
Mrs. Hickey, X130, hickey@tri-county.us
Ms. Bourgette, X 107, bourgette@tri-county.us

*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communication will be confidential.

School-Based Medicaid Program

Local communities in Massachusetts have been approved for partial reimbursement of medically necessary services provided to students who receive Mass Health benefits. Allowing schools to bill for these in-school services in no way impacts the amount or availability of covered services outside of school. Enclosed please find a MA parental consent form which details the billing procedures; included in that form is the state's reassurance to parents that billing for in-school services will not impact available benefits for services rendered outside of school. If your student receives Mass Health, please sign the enclosed parental consent form and return it to the Nurse's Office with this health form. Should you need further information, the state has published a letter to parents, entitled *School-Based Medicaid Program Bulletin 32* which can be found on Tri- County's website under the Nurse link.

Feel free to contact the Director of Student Support Services with any additional questions on Medicaid billing. (508) 528-5400, Ext. 260

(Revised 6/25/2020)