



Spaulding Academy and Family Services

Student Health Information

All Parent/Guardians are required to fill out a Health Form EVERY year to assure current information.

Please complete and return to Health Office by **September 3, 2021**. Add additional pages/information as required.

Please print legibly

Student name _____ DOB _____

Parent/Guardian Name _____ Phone Number _____

E-mail _____ Other _____

Physician _____ Phone Number _____

Other Provider _____ Phone Number _____

Insurance Information _____

EMERGENCY CONTACT INFORMATION this is required and must be kept up to date

Please name an **adult** who can be contacted in case of Emergency if parent/guardian is unavailable.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

List any **medical conditions, changes in condition, recent illness, injury, or a hospital admission**

Medication during school day **requires** an order from physician which is good for 1 year or until discontinued or changed. **All** medication must be delivered to school by an adult in original pharmacy labeled container and be collected by adult at end of use in school. List all medications , dose, route timing and indication for use. _____

ALLERGIES please explain in detail and attach Allergy Action Plan as needed.

Is student up to date on immunizations required by State of New Hampshire for school attendance?

(circle) Yes No Unsure