

# 2011 – 2012 ANNUAL HEALTH FORM

This form is **required annually for each GUS student**. To meet the school's requirements, the physical exam must have taken place within 12 months prior to the first day of school. Until a student has a current form on file, he or she will not be allowed to participate in physical education, sports activities, or overnight field trips through Glen Urquhart School. This form is due by Friday, July 29<sup>th</sup>, 2011.

Before handing this form over to your child's physician, please complete the name section (print clearly), remembering to **include the name of your child!** For reasons of both convenience and speed, we encourage you to provide a stamped envelope, pre-addressed as follows:

**ATTN: School Nurse, GLEN URQUHART SCHOOL, 74 HART STREET, BEVERLY, MA. 01915**

Thank you for your prompt assistance!

|                                      |  |
|--------------------------------------|--|
| DOCTOR'S NAME: <i>(please print)</i> | CHILD'S FULL NAME: <i>(please print)</i> |
|                                      | ENTERING GRADE: _____                    |

TO THE DOCTOR'S OFFICE: *The following information is for use on behalf of the above-named student at GUS. The date of the child's last physical exam and the **doctor's signature verifying the child's fitness for participation in rigorous physical activity and overnight field trips at GUS are required.** While the balance of information requested may be presented or duplicated on another form (MD office form), we do appreciate your including this form, signed and dated as a cover sheet. **THE DEADLINE FOR RECEIPT OF THIS FORM AT GUS IS JULY 29<sup>TH</sup>, 2011.** Thank you.*

Date of Student's Last Complete Physical Exam \_\_\_\_\_ Last Eye Exam \_\_\_\_\_ Last Hearing Exam \_\_\_\_\_

**Please Note: Gus does not conduct vision, hearing, or postural screenings. Please consult with your child's physician.**

Please record current **Height, Weight, and Blood Pressure** \_\_\_\_\_

Are all immunizations current? \_\_\_\_\_. Seventh grade and/or 12 year olds are required to have had a **Tetanus booster, Hepatitis B series, Varicella vaccine** or a documented history of chicken pox prior to the start of school. **Kindergarten requires a lead screening in addition to immunizations.**

Please include any significant current and long-term **medical problems**, including **known allergies**, of which GUS should be made aware. **When special conditions are not noted, the school nurse reserves the right to request additional information.**

Medication or treatment orders to be carried out at school, including dosage and frequency:

**INHALERS\*** \_\_\_\_\_

**EPI-PEN\*** \_\_\_\_\_

**RITALIN\*/MEDICATION FOR THE TREATMENT OF ADD/ADHD** \_\_\_\_\_

Tylenol/Advil \_\_\_\_\_

Benadryl \_\_\_\_\_

Other\* \_\_\_\_\_

*\*If any of these lines are filled in, please complete and return the **State-Required Medication Forms (MD Order/Parent Permission)** to Glen Urquhart School.*

Please indicate any **special requirements or modifications** to the student's current school program, including restrictions on classroom placement or physical education athletic programs.

|  |   |
|--|---|
| Physician's Release<br><br><i>I have examined this student and find him/her to be physically fit and fully capable of participating in Glen Urquhart School's physical education classes and/or rigorous athletic program.</i><br><br>Signed: _____<br>Date: _____ | Printed MD Name: _____<br>Address: _____<br>_____<br>_____<br>Phone: _____ Fax: _____ |
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