



THE ECOLOGY SCHOOL

Main Office: 184 Simpson Road ~ Saco, Maine 04072
Program Address: 640 Main St. ~ Poland, Maine 04724 ~ (207) 283-9951 ~
www.TheEcologySchool.org

Student Health Form

Dear Parents/Guardians: Please provide to us below a *complete* record of your child's health history and current health status so that we can care for your child's health and safety in our residential school program setting. If your child has a medical condition, including asthma or an allergy, additional health information may be required. If need be, please contact your school nurse or The Ecology School on-site nurse to discuss your child's needs.

Please fill out this form completely including signatures. All information is confidential.

Student's Name _____

School Name _____ Teacher's Name _____

Gender: _____ Date of Birth _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Names _____ Home Phone(s) _____

Parent/Guardian #1's Employer _____

Phone Number _____ Cell Phone _____

Parent/Guardian #2 Employer _____

Phone Number _____ Cell Phone _____

Emergency Contact if above not available:

Name/Relation _____ Contact Number(s) _____

Student's Physician _____ Phone Number _____

Health Insurance Provider _____ Policy Number _____

Date of Student's last Tetanus Booster _____

Will your child take medication while at The Ecology School? Yes _____ No _____

MEDICATIONS:

Please list all medications student will take at The Ecology School. All medications must be sent with teachers. DO NOT PACK WITH STUDENT. MEDICATIONS MUST BE IN ORIGINAL CONTAINER CLEARLY LABELED BY PHARMACY WITH CORRECT DOSAGE AND TIME.

<u>Medication Name</u>	<u>Dose</u>	<u>Time(s)</u>	<u>Reason for taking</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please fill out page 2

Student Health Form, page 2 Student's Name _____

Please list any known *allergies* and describe reaction that occurs:

Medications: _____

Food: _____

Bees/Insects: _____

Other: _____

Check all applicable health conditions of student and explain below:

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Recent surgery |
| <input type="checkbox"/> Bathroom issues | <input type="checkbox"/> ADD or ADHD |
| <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Recent illness |
| <input type="checkbox"/> Behavior issues | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Psychiatric conditions | <input type="checkbox"/> Sleepwalking, bedwetting |
| <input type="checkbox"/> Recent trauma in home/family | <input type="checkbox"/> Does your child require aid in classroom? |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Religious restrictions (food, medical, etc.) |
| <input type="checkbox"/> Ever been hospitalized? | <input type="checkbox"/> Vegetarian or Vegan |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Heart condition | |
| <input type="checkbox"/> Nose bleeds | |
| <input type="checkbox"/> Recent orthopedic injury | |

Please explain All items checked above:

Occasionally, it is necessary to administer non-prescription (over-the-counter) medication to students while at The Ecology School (for headaches, sore throats, stomachaches, etc.). These medications can only be administered with parent/guardian permission.

Please sign here to give permission for your child to receive over-the-counter medications if needed.

Signature: _____

Date: _____

Treatment Permission

In the event of a medical emergency, I, _____
(print parent/guardian name), grant permission for The Ecology School staff, Student's school staff, or an ambulance to transport my child and I grant permission for any doctor, clinic, or hospital to perform emergency treatment as deemed necessary for my child.

I further authorize The Ecology School Nurse to administer medications listed above to my child as scheduled.

Signature: _____

Date: _____