

Veazie Community School

1040 School Street Veazie, ME 04401

(207)947-6573 / FAX(207)947-6570

Superintendent of Schools & Principal: Timothy Tweedie



Health Assessment

DATE _____ NAME OF CHILD _____ GRADE _____

MAILING ADDRESS _____

PARENT/GUARDIAN _____ BEST PHONE _____

Does your child have a health problem? (check where appropriate and elaborate)

- ☐ Allergies ☐ Asthma ☐ Diabetes ☐ Hearing ☐ Heart ☐ Injury
☐ Concussion ☐ Seizures/Convulsions ☐ Other _____

ALLERGIES (medication/food/environment) _____

What reaction did your child have? _____

Does your child require medication/EpiPen for this allergy? _____

Does your child take any medications? (either in school or at home) ☐ YES ☐ NO

Name of medication(s) _____

→ **(No medications will be given at school without a current, signed medication permission form. If your child requires medication during the school year -- even non-prescription drugs-- please fill out and return a form to the school with the medication.)**

Do you give consent for your child to be given over the counter medications (tylenol, ibuprofen, benadryl) according to the standing orders signed by the school physician when deemed appropriate by the school nurse? (We will still call you for verbal consent each time.)

☐ YES ☐ NO Signature: _____

Do you give consent for your child to self-apply sunscreen at school for outdoor field trips/activities? (Sunscreen will NOT be provided by the school. Personal or "share" bottles may be sent to school. NO aerosol sprays permitted.)

☐ YES ☐ NO Signature: _____

Has your child had any serious illness or accident? If so, please state type:

Date of child's last physical exam? _____ Physician/clinic _____

Federal legislation under the Americans with Disability Act requires that schools ensure that any student who has a disability (medical, physical, or mental health) that substantially limits a major life activity (like learning) has access to needed accommodations through a written plan called a 504 Plan. In order that we may best meet the needs of your child, please respond to the following:

Does your child currently have a 504 Plan? ☐ YES ☐ NO

Does your child have a disability which may require a 504 Plan? ☐ YES ☐ NO

If Yes, please describe the disability _____

Is there anything more about your child's health that you think is important for us to know?

www.veaziecs.org

"Small School, BIG Heart!"