



May 2017

Dear Parents/Guardians,

We would like to take this opportunity to welcome you to Presentation of Mary Academy and to explain the nursing services offered. The Nurse's office is located in Room 1-4, downstairs from the foyer. A nurse will be in the office from 7:45 a.m. to 2:15 p.m. each day. A nurse is available to administer first aid and emergency care to students, to provide health counseling to students, parents, and school personnel, and to educate students, families, and staff about health problems, health care, and self-care.

One of the integral functions of the school nurse is to keep an updated health record for each student. Enclosed are three health forms that need to be completed and returned to the school by August 16, 2017. **If your daughter's/son's health record does not contain these three completed forms he/she may not be able to begin school.**

1. **Physical examination form**

Must be completed by a physician. Please be sure that the form is completed with Immunization record dated, (a list of all necessary immunizations are included in this packet), which includes scoliosis screening. **Any student participating in a school sport MUST have a current physical on file before the start of the sport season. The MIAA requires the physical to be done within 13 months of the first day of the sport season.**

2. **Health History Form**

Parents/Guardians must complete this form. Please indicate any sports your daughter/son has an interest in participating in throughout the year.

3. All new students must have either a TB test or a low risk assessment complete within one year of entry. Massachusetts Department of Public Health low risk assessment is included on the Physical Exam Form.

4. **Consent for Approved Discretionary Medications:** Under our physician's order, we are able to administer a limited amount of over-the-counter medications.

5. All athletes must have a signed permission slip to participate in a sport and a concussion packet completed and signed by parent and student. Concussion Packets can be found on our schools website.

Aside from the over-the-counter medications that are clearly stated on the form, **NO medication will be administered without a specific doctor's order.** If a student needs medication during school hours, either on a regular schedule or as needed, he/she will need a doctor's order for each medication. This includes short-term medication administration, such as antibiotics. Any medication that is necessary during the school day should be delivered to the nurse **with** an order from the doctor. An inhaler that a doctor has ordered to be carried by the student is the only medication a student may carry.

If you have any health concerns or questions, please feel free to call the Nurse's office, (978) 682-9391 X114. Thank you.

Respectfully,

Janice MacDonald, RN

# Massachusetts School Immunization Requirements 2017-2018

## Grades 7-12

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. In ungraded classrooms, grade 7 requirements apply to all students >12 years. Requirements apply to all students, even if over 18 years of age.

<b>Tdap</b>	<b>1 dose;</b> and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at >7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been £10 years since Tdap.
<b>Polio</b>	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and >6 months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and >6 months after the previous dose. In a mixed OPV/IPV schedule at least 4 doses are required, regardless of age.
<b>Hepatitis B</b>	<b>3 doses;</b> laboratory evidence of immunity acceptable
<b>MMR</b>	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given >28 days after dose 1; laboratory evidence of immunity acceptable
<b>Varicella</b>	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given >28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
<b>Meningococcal</b>	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required for newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students >13 years) who live in a congregate living arrangement approved by the secondary school (e.g., dormitory). Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.

## College

Requirements apply to all full-time undergraduate and graduate students, all full and part-time health science students and any full or part-time students attending any postsecondary institution while on a student or other visa, including foreign exchange students attending or visiting classes as part of an academic visitation or exchange program.

<b>Tdap</b>	<b>1 dose;</b> and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at >7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catchup schedule. Td should be given if it has been >10 years since Tdap.
<b>Hepatitis B</b>	<b>3 doses;</b> laboratory evidence of immunity acceptable
<b>MMR</b>	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given >28 days after dose 1; laboratory evidence of immunity acceptable. Birth before 1957 is acceptable for non-health science students.
<b>Varicella</b>	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given >28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth before 1980 in U.S. is acceptable only for non-health science students.
<b>Meningococcal</b>	<b>1 dose;</b> 1 dose MenACWY (formerly MCV4) required for newly enrolled full-time undergraduate and graduate students in a degree program at a postsecondary institution (e.g., college) who will live in a congregate living arrangement approved by the institution (e.g., dormitory). Students may decline MenACWY vaccine after they have read and signed the MDPH Meninaococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

## Vaccine Information Statement

### **Meningococcal Vaccine: What you need to know**

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

## 1. What is Meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000–1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10–15% of these people die. Of those who live, another 11%–19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16–21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

## 2. Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

## 3. Who should get meningococcal vaccine and when?

### ***Routine vaccination***

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16<sup>th</sup> birthday, a booster is not needed.

### ***Other people at increased risk***

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.

## 4. Some people should not get meningococcal vaccine or should wait.

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.

- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

## 5. What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot—especially if you feel faint—can help prevent these injuries.

### ***Mild problems***

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

### ***Severe problems***

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

## 6. What if there is a serious reaction?

### ***What should I look for?***

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### ***What should I do?***

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS is only for reporting reactions. They do not give medical advice.*

## 7. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8. How can I learn more?

- Ask your Doctor
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim) Meningococcal Vaccine (10/14/2011) 42 U.S.C. § 300aa-26  
Department of Health and Human Services Centers for Disease Control and Prevention



## **Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges**

Massachusetts requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.

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The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

### **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the “meninges” and cause meningitis, or they can infect the blood or other body organs. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

### **How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

### **Who is at most risk for getting meningococcal disease?**

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease.

### **Are some students in college and secondary schools at risk for meningococcal disease?**

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

### **Is there a vaccine against meningococcal disease?**

Yes, there are currently 2 types of vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age and Menveo® is approved for use in those 2-55 years of age. Both the polysaccharide and conjugate vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in either vaccine. Meningococcal vaccines are thought to provide protection for approximately 5 years. Currently, students are only required to have a dose of polysaccharide vaccine within the last 5 years or a dose of conjugate vaccine at any time in the past (or fall within one of

the exemptions allowed by law). However, please be aware that in October 2010 the Advisory Committee on Immunization Practices (ACIP) recommended booster doses of meningococcal conjugate vaccine for healthy adolescents 16-18 years of age. Persons up to 21 years of age entering college are recommended to have documentation of a dose of meningococcal conjugate vaccine no more than 5 years before enrollment, particularly if they are new residential students.

**Is the meningococcal vaccine safe?**

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women. Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting meningococcal conjugate vaccine.

**Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?**

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

**Where can a student get vaccinated?**

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

**Where can I get more information?**

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (listed in the phone book under government)

## Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

- After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID or SSN:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student or parent/legal guardian, if student is under 18 years of age)



**PHYSICAL EXAMINATION FORM 2017-2018**  
**MUST BE COMPLETED BY THE PHYSICIAN**

(ALL lines MUST be completed)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

VACCINE	DATE	VACCINE	DATE	VACCINE	DATE	CHICKEN POX
DTP/DtaP/DT	1	OPV/IPV	1	HIB	1	Check here for reliable history of chickenpox:
	2		2		2	
	3		3		3	VARIVAX 1
	4		4		4	2
Adult Td	1	MMR	1	Hepatitis B	1	Gardasil 1
	2		2		2	
Tdap	1	Meningococcal	1	Hepatitis A	1	3
	2				2	

TUBERCULIN TEST: PPD date \_\_\_\_\_ PPD Reading date \_\_\_\_\_ PPD Results \_\_\_\_\_ mm  
 TB risk factors (exposure, travel to TB countries, foreign born parent): \_\_\_\_\_ Med High Risk \_\_\_\_\_ Low risk  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

**Allergies/Sensitivities:** \_\_\_\_\_

Present Health Concerns & Medications: \_\_\_\_\_

Significant Past Illness or Injury: \_\_\_\_\_

Nutritional Status: \_\_\_\_\_

Eyes R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Glasses Y / N Ears R \_\_\_\_\_ L \_\_\_\_\_

Nose: \_\_\_\_\_ Mouth: \_\_\_\_\_ Teeth: \_\_\_\_\_ Throat: \_\_\_\_\_

Skin: \_\_\_\_\_ Lungs: \_\_\_\_\_ Heart: \_\_\_\_\_

Abdomen: \_\_\_\_\_ Liver: \_\_\_\_\_ Spleen: \_\_\_\_\_ Hernias: \_\_\_\_\_

Scoliosis Screen: \_\_\_\_\_

Posture/Spine \_\_\_\_\_ Neck: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_ Neurological: \_\_\_\_\_ Genitalia: \_\_\_\_\_

Able to Participate in Athletics/Sports: \_\_\_\_\_

Specific Recommendations for Participation: \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_ PHYSICIAN'S NAME: \_\_\_\_\_

Please Print

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MUST BE RETURNED NO LATER THAN AUGUST 16, 2017**



# HEALTH HISTORY FORM 2017-2018

MUST BE COMPLETED BY PARENT/GUARDIAN FOR EACH STUDENT EACH YEAR

(ALL lines MUST be completed)

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address/Town/State/Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address/Town/State/Zip Code: \_\_\_\_\_

1. Does your child have any allergies? \_\_\_\_\_ Explain: \_\_\_\_\_

2. Does your child wear contact lenses, glasses or both? Yes \_\_\_\_\_ No \_\_\_\_\_ Both \_\_\_\_\_

3. Does your child take any medication now? \_\_\_\_\_ If so complete below:

Medication: \_\_\_\_\_ Reason for taking medication: \_\_\_\_\_

4. List any operations, fractures, sprains, or bone dislocations.

\_\_\_\_\_ Date or Age \_\_\_\_\_

\_\_\_\_\_ Date or Age \_\_\_\_\_

\_\_\_\_\_ Date or Age \_\_\_\_\_

5. List any medical or emotional conditions & treatments, past and/or present.

**All medical concerns, conditions and allergies (drug and/or food) MUST BE LISTED**

I hereby give permission to inform faculty of all medical concerns in case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

6. Do you know any reason for your child not to participate in any sports or gym related activities throughout the school year?

\_\_\_\_\_

\_\_\_\_\_

Permission is given for my daughter/son to participate in *Voluntary Gym Classes and activities throughout the school year. (i.e., dodgeball, relay race, and outdoor activities on school grounds)*

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

209 Lawrence St.; Methuen, MA 01844-3884 Tel: 978-682-9391 Fax: 978-975-3595

**MUST BE SIGNED BY PARENT OR GUARDIAN AND RETURNED BY AUGUST 16, 2017**



# Health History Check-Off List

To be completed by Parent or Guardian

Has your daughter/son ever had any of the following?  
Please Circle Y for YES and N for NO.

a. Anxiety/Depression	Y	N	m. Mononucleosis	Y	N
b. Asthma	Y	N	n. Panic Attacks	Y	N
c. Allergies	Y	N	o. Cancer	Y	N
d. Fainting	Y	N	p. Pneumonia	Y	N
e. Heart Murmur/Condition	Y	N	q. Hepatitis	Y	N
f. Rheumatic Fever	Y	N	r. ADD/ADHD	Y	N
g. Kidney Disease or Injury	Y	N	s. Meningitis	Y	N
h. Migraine Headaches	Y	N	t. Concussion/Head Injury	Y	N
i. Diabetes	Y	N	u. Seizure Disorder	Y	N
j. Menstrual Problems	Y	N	v. Serious Dental Problems	Y	N
k. Blood Disorders	Y	N	w. Tumors	Y	N
l. Arthritis/Joint Tenderness	Y	N	x. Bridges/False Teeth	Y	N

**INSURANCE COMPANY:** \_\_\_\_\_

**INSURANCE SUBSCRIBER:** \_\_\_\_\_

**POLICY Number:** \_\_\_\_\_ **GROUP NUMBER** \_\_\_\_\_

**PHYSICIAN'S NAME:** \_\_\_\_\_

**PHYSICIAN'S ADDRESS:** \_\_\_\_\_

**PHYSICIAN'S PHONE NUMBER:** \_\_\_\_\_

In case of a medical emergency, I give permission for my daughter/son to be transported by ambulance to the hospital with a PMA Staff member. I understand that the ambulance service is chosen by the hospital.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# Consent for Administration of Approved Discretionary Medications 2017 - 2018

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Sensitivities \_\_\_\_\_  
\_\_\_\_\_

Current Medications (including inhalers) \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions \_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to receive any medication listed below on the form as deemed necessary by the school nurse. I have checked those medications I wish to be made available to my child. I understand that the generic equivalent of medications may be used.

Please check any medication you wish to be made available to your child:

(For cold, headache, dental discomfort, muscular aches, pre-menstrual or menstrual pain, fever & sore throat)			
_____	Acetaminophen (like Tylenol 325mg)	[ ] 2 tablets	[ ] 3 tablets (Every 4 hours)
_____	Ibuprofen (like Advil 200 mg)	[ ] 2 tablets	(Every 6 hours)

- \_\_\_\_\_ Ointment (like: Bacitracin) For cuts and scrapes
- \_\_\_\_\_ Anti-itching lotion (like: Calamine) For bites/allergic rashes
- \_\_\_\_\_ Chewable antacid tablets (like: Tums) For upset stomach
- \_\_\_\_\_ Cough drops

I understand that the above medications I have checked will be administered by the school nurse in accordance with established protocols developed by the consulting school physician for Presentation of Mary Academy and the school nurse.

\_\_\_\_\_ ***I do not want any medication given to my child in school.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Emergency Phone

<b><u>Other Person(s) to be notified in case of a medication emergency</u></b>		
_____ Name	_____ Telephone #	_____ Relationship to Student
_____ Name	_____ Telephone #	_____ Relationship to Student