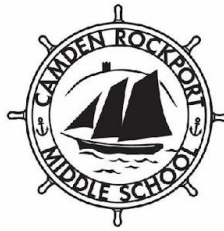


34 Knowlton Street
Camden, Maine 04843
(207) 236-7805
FAX (207) 236-7815



Jaime Stone
Principal
Ryan Watts
Assistant Principal

ANNUAL HEALTH HISTORY- Read Carefully & Complete Both Sides

Student Name: _____ **Grade:** _____ **Date:** _____

Health Care Provider: _____ Dentist: _____

Does your child have any known medical problems? YES NO
If YES please explain _____

Has your child had any serious illness, injury or hospitalization recently? YES NO
If YES, please explain: _____

Has your child ever been diagnosed with a concussion? YES NO
If YES, when _____

Has your child had any recent emotional upset/mental health concerns? YES NO
If YES, please explain: _____

Medications my child is currently taking (list all, attach separate page if needed).

Medication	Dose/Frequency	Reason

Answer the following information as it applies to your child:

Vision: My child wears glasses or contacts: YES NO
List any vision needs at school: _____

Hearing: My child wears hearing aids or other hearing device: YES NO
List any hearing needs at school: _____

Asthma: My child has a current prescription for an inhaler: YES NO

Allergies: My child is allergic to: _____

My child has a current Emergency Action Plan and a prescription for Epinephrine Auto Injection (i.e EpiPen, Auvi-Q): YES NO

All students with life threatening allergies or asthma requiring emergency medications must have an ANNUAL Emergency Action Plan signed by a healthcare provider and parent/guardian on file at school. These forms are available from your child's provider or on the CRMS website.

TURN OVER- COMPLETE BACK OF PAGE →

Do you give permission for your child to receive the following medications from the school nurse? Circle YES or NO

IBUPROFEN (advil)	YES	NO
ACETAMINOPHEN (tylenol)	YES	NO
CALCIUM CARBONATE (antacid)	YES	NO
COUGH DROPS	YES	NO
CALAMINE LOTION	YES	NO
ORAL ANESTHETIC (anbesol)	YES	NO
DIPHENHYDRAMINE (benadryl)	YES	NO
TRIPLE ANTIBIOTIC OINTMENT	YES	NO

Child's name: _____ has my permission to participate in a full educational and/or athletic program in MSAD #28. I accept full responsibility for any and all financial obligations incurred as a result of injury to my child while he/she is taking part in either program. I realize that there is a risk of injury (sometimes severe) that is inherent in all sports and certain educational settings, and I release MSAD #28, the administration, staff, coaches, and any other school officials or employees from any claim that may arise during such participation, unless the accident is the direct result of negligence on the part of any of the persons mentioned above. I attest that Camden Rockport Middle School has permission to obtain medical care for my child in case of an emergency requiring immediate attention. I understand that I am fully responsible for all costs associated with this need. I also understand that if my child is injured or ill enough to receive medical attention, he/she must present a physician's permission to return to active participation in sports.

Parent/Guardian Name: _____ Phone# _____

Signature _____ Date _____

Camden Rockport Schools recommend you provide adequate medical coverage for your child to properly cover any and all financial obligations incurred as a result of injury while participating in school activities. The school insurance is available for all students who are not adequately covered by other health plans or who do not have dental plans. Information on insurance may be obtained from the Central Office 236-3358.

My son/daughter is covered by the plan listed below:

School Insurance () MaineCare () Private Insurance ()

Uninsured- I agree to cover all health expenses incurred by my child ()

CONCUSSION POLICY INFORMATION for ATHLETES

Our signatures below indicate we have read the Concussion Policy (available on the school website) and we understand our responsibility and the consequences for not adhering to the policy.

Date Parent/Guardian Name Signature

Date Student Name Signature

Visit www.crms.fivetowns.net for information on Athletics, Counseling, Nursing Services and more!

Questions? Email gretchen.kuhn@fivetowns.net