

**SUMMER SCHOOL – City of Waterbury**  
**Student Medical History**

Dear Parent/Guardian: Please fill out and bring with you to registration for high school summer school

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

Student lives with: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Name of responsible Parent/Guardian: \_\_\_\_\_

**Phone number of Parent/Guardian who can be reached for Emergency:** \_\_\_\_\_

List Student's Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Does your child require an **Epi-pen**? \_\_\_\_ Yes \_\_\_\_ No

Does your child have **Asthma**? \_\_\_\_ Yes \_\_\_\_ No / Does your child use an **inhaler**? \_\_\_\_ Yes \_\_\_\_ No

List any daily medications and times that your child takes them.

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

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

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

Does your child have any of the following medical concerns?

Please use back side of paper if necessary.

Hearing \_\_\_\_\_ Tracheotomy \_\_\_\_\_

Feeding/Swallowing \_\_\_\_\_ Special diet \_\_\_\_\_

Vision \_\_\_\_\_ Tube feeding \_\_\_\_\_

Seizures \_\_\_\_\_ Catheterization \_\_\_\_\_

Diabetes \_\_\_\_\_ Difficulty walking \_\_\_\_\_

Wheelchair \_\_\_\_\_ Other \_\_\_\_\_

Please explain the above; \_\_\_\_\_

The medication policy is in effect during summer school. **You or a responsible adult must bring your child's medication in to the school nurse on the first day of summer school along with the doctor's order.** The student can not take the medication home. ***You must come and pick it up on the last day of school or we will discard the medication.***

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**For School Nurse's use only**

Summer School nurses notes

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