

# Cambridge Friends School

## Additional Medical Information Form 2010-2011 To be filled out and signed by student's parent/guardian

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

I grant permission to the school to provide necessary medical attention in an emergency. I understand that efforts will be made by the school to contact me and my child's physician when further medical attention seems advisable. I understand that the school is not responsible for sickness or accidents resulting in any way from school activities, including athletics and trips.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

.....

**The following information is in addition to that which your child's doctor is providing.**

Have you or your pediatrician checked your child for head lice recently? Yes  No

**If not, please check your child for head lice before the first day of school.**

For Girls Has she menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

Is her menstrual history normal? \_\_\_\_\_

Has your child had chicken pox? Yes  No  Date \_\_\_\_\_

Does your child have health, emotional, or developmental issues to which the school should be alerted? If so, please describe.

Does your child have any allergies? Yes  No  If yes, please describe **symptoms** and treatment.

Has your child needed an EpiPen or Benadryl for this allergy? ? Yes  No  Has your child needed the emergency room for this allergy? Yes  No

.....

**Please note:** The Massachusetts Department of Public Health has made changes in laws regarding prescription medication administration in school. If possible, have your doctor prescribe the medicine for other than school hours. If your child does need to receive medication during school, we'll need written consents. Forms and explanation are included in this mailing.

—Over—