

MASON SCHOOL DISTRICT
RETURNING STUDENT HEALTH FORM

Student's Name: _____ DOB: _____

Address: _____

Mother's Name: _____ Phone # _____ Father's Name : _____ Phone # _____

With Whom does the student live? _____

1. Have there been any changes in your child's health, or anything that you think is important for us to know; or matters at home that may affect your child while at school? (Ie: newly developed allergies, or conditions, custody changes or family changes.)

2. Does your child take any medication? ____ If yes, name and reason(s) for medication(s): _____

Please note that if your child requires medication at school, all prescription medication must be accompanied yearly by an order from your Physician and a signature from a parent or legal Guardian. Please see the Student Handbook and Medication order forms posted on our website at: <https://mason.sau89.org>.

**please be advised that New Hampshire state law requires all students receive a physical exam and proper immunizations before entering school. Please be sure to update immunizations given at all yearly appointments to the health office. For more information on these requirements, please see the handbook on our website at: <https://mason.sau89.org> , or the New Hampshire Department of Health and Human Services at: <https://www.dhhs.nh.gov/search?keys=school+immunizations>*

If you have any questions or concerns about this form or requirements please feel free to call the school Nurse M-F 9am to 3pm at (603) 878-2962 x18 or email at dfisher@sau89.nh.gov

By signing below, I certify to the best of my knowledge that the above information is true and accurate; and for the health and safety of my child, the School Nurse may share confidential and or pertinent information about my child with the appropriate school personnel on a need to know basis. In the event of an emergency, and I cannot be reached, I give the staff of Mason Elementary School permission to call 911 to transfer my child to the nearest hospital. I prefer my child be taken to (please specify hospital) _____ if emergency transport is needed, and the EMS service can transport there. I acknowledge that nearest facility will be used if transport is not available to the preferred facility.

Parent Signature _____ Date _____