

**Brookfield Public Schools
Brookfield, CT 06804**

ANNUAL HEALTH UPDATE FORM

Please return this form to the school nurse as soon as possible

Grade _____ Teacher _____

Student's (Last Name) _____ (First Name) _____

Severe Allergy (Life threatening):	Yes	No	Neurological:	Yes	No
Bee Sting			Seizure disorder		
Food (explain below)			Other (explain below)		
Environmental (explain below)			Endocrine:		
Drug (explain below)			Diabetes		
Epinephrine (Epipen, Auvi-Q) required**			Other (explain below)		
Antihistamine required**			Daily Medications:		
**Medication form required annually. In the absence of a nurse or on field trips, epinephrine will be given first then 911			List medications:		
Respiratory:			Gastrointestinal:		
Asthma			Food sensitivity/intolerance(explain below)		
Inhaler needed at school**			Other (explain below)		
**Medication form required annually			Other Health Concerns:		
Other (explain below)					
Eyes:					
Contacts or eyeglasses					

Explain: _____

Medication Permissions

I give the school nurse my permission to administer the following medication, as authorized by the school physician, to my child during school hours and authorized school field trips:

Center Elementary School: Acetaminophen (generic Tylenol) Yes No	Huckleberry Hill Elementary, Whisconier Middle and Brookfield High Schools: Acetaminophen (generic Tylenol) Yes No Antacid Yes No Throat Discomfort Relief Yes No Ibuprofen (Generic Advil/Motrin) Yes No
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My child has health insurance: **Yes No** For information regarding HUSKY Health Plan, call 1-877-CT-HUSKY

Parent/guardian _____ Parent/guardian _____
 Daytime phone _____ Daytime phone _____

Personal Physician _____ Phone _____

In case of serious injury or illness, your child will be sent to an emergency facility. The parent/guardian will be contacted immediately and is responsible for all expenses.

Parent/guardian Signature _____ Date _____