Northeastern Clinton Central School

Health Office

Name:	DOB:	Grade/Teacher:

Has your child ever:	**YES**	**NO**	**If Yes, please explain below or on back of sheet if needed:**
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
If yes, please list:	☐	☐	
If yes, were Epipen and/or Benadryl ordered	☐	☐	
Been hospitalized	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an E.R. visit	☐	☐	
Had a broken bone	☐	☐	
Had a concussion or serious head injury	☐	☐	
Had vision problems or condition	☐	☐	☐glasses ☐contacts
Had hearing problems or condition	☐	☐	☐tubes; # of times _____ ☐hearing aid
Has any family member under age of 50 ever:	**YES**	**NO**	**If Yes, please explain:**
Had a heart attack:			
Had other serious health problems			

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ADD/ADHD
☐Asthma/trouble breathing
☐Autism/Asperger's
☐Diabetes
☐Ear Infections
☐GI conditions (ulcer, reflux, IBS)
☐Headaches/migraines
☐Heart Condition, ___________________
☐High Blood Pressure
☐Mental Health Condition:______________
☐Scoliosis
☐Skin Condition
☐Speech Condition
☐Urinary Condition
☐Other:_____________________

CURRENT MEDICATIONS	**YES**	**NO**	**Please list name, dose, time(s)**
Given at home:	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
Given at school:	☐	☐	
	☐	☐	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
	☐	☐	☐crutches ☐ walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
	☐	☐	☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow ☐special diet:

Is there any condition that would prevent your child from participating in physical education or sports?

☐No ☐Yes:____

Please list any additional concerns: (use back of sheet if necessary) ________________________________

Name/Address of Previous School: ____

I, ____, authorize the school nurse to share any pertinent information regarding
(Parent/Guardian name—please print)

my child's health with the involved staff of Northeastern Clinton Central School. This authorization shall remain in effect for as long as he/she attends school in the N.C.C.S. district.

____ ______________
PARENT/GUARDIAN SIGNATURE DATE

Northeastern Clinton Central School

Health Office

The NCCS Health Office would like to welcome you to the district. The goal of the health office is to maintain the health and safety of each and every student so that he/she can meet their academic potential. Thank you for completing the Health History Form so that we can best meet the needs of your child while they are at school. If you have any questions or wish to discuss your child's health in more detail, please contact your child's school nurse.

In addition, please provide the health office with the following:

1.) **COPY OF VACCINATION RECORD** (***Required for all new students**.)*
Please see the reverse for ***"New York State Immunization Requirements for School Entrance/Attendance."*** If you have any questions regarding whether your child is up-to-date with their immunizations, please contact the school nurse.

2.) **COPY OF MOST RECENT PHYSICAL** (***Required for all new students**.)*
Acceptable health certificates may be dated any time within the 12 months prior to the start of the current school year. A physical exam will be provided at school by the Medical Director if a copy is not received from the student's primary care provider unless legitimate written exemption is received from the parent/guardian.

3) **DOCTOR'S ORDERS FOR ANY MEDICATIONS NEEDED AT SCHOOL/SCHOOL ATHLETICS/EVENTS**
(Middle and high school students may obtain self-carry orders from their doctor if appropriate.)
*PARENT SIGNATURE IS REQUIRED FOR ANY MEDICATION ORDERS, PROVIDING CONSENT.
*ALL MEDICATIONS REQUIRED AT SCHOOL MUST BE BROUGHT TO SCHOOL BY THE PARENT/GUARDIAN
*ALL MEDICATIONS MUST REMAIN IN ORIGINAL PACKAGING WITH STUDENT'S NAME & PRESCRIPTION LABEL.

Kim Letourneau, RN	NCCS High School	518-298-8638 ext. 2406
Jennifer Dion, RN	NCCS Middle School	518-298-8681 ext. 3007
Connie Poupore, RN	Mooers Elementary School	518-236-7373 ext. 4441
Donna Marks, RN	Rouses Point Elementary School	518-297-7211 ext. 5411

●**Please tear this sheet off the packet and keep it for your information.**