

School Union 93
Annual Student Health Update

School year 2026/27

Student Name _____ DOB _____ Grade _____

Gender at birth: M F Pronouns: he/him she/her they/them

I authorize the exchange of health information between the school nurse and my child's health care providers if needed. Signature _____ Date _____

----- **Allergies** -----

List all allergies (check all that apply) medication(s) _____

foods _____ insect stings _____

environmental/seasonal/sensitivities other _____

Are these life threatening allergies? Yes No

Past history of anaphylaxis Yes No Emergency meds needed: Epipen Benadryl

----- **Asthma** -----

Any history of asthma? Yes No

If yes, were asthma medications taken in the last 12 months? Yes No

Please list your child's triggers _____

NOTE REGARDING STUDENTS WITH ASTHMA and/or FOOD or INSECT STING ALLERGY

The school is required to have an Action Plan filled out by the student's medical provider. The parent's responsibility is to provide appropriate rescue or emergency medications to be kept at school or with the student (e.g., inhaler, nebulizer, epipen, benadryl). Expiration dates on medications must be current. This ensures that the student is safe at school and on field trips. The school nurse will work with you and the medical provider to establish a plan for your student.

Current asthma medications _____

Does this student have any ongoing medical conditions? Yes No

Specify _____

Medications taken at home _____

Medications that will be needed during school _____

Does this student have any restrictions? Yes No

Specify: _____

- OTC remedies may be used through the course of the year as follows: Ibuprofen, Tylenol, antibiotic cream & saline flushes (for minor cuts & abrasions), hydrocortisone cream (itchiness), Calagel lotion (stings), Tums (upset stomach/heartburn), Vaseline or lip guard (chapped skin/lips), cough drops.

Please Cross off any of the above medications that you DO NOT want your child to receive

- **Hearing** and **vision** screenings will be done on all students in grades PK, K, 1, 3, 5, & 7, per state law. You will only be notified if your child's screening is outside of the normal range.

[] I/we do not want my child to have these screenings: _____

Is there anything else you would like us to know about your child's health or health needs? _____

The State of Maine requires written permission from a parent/guardian for staff to apply mosquito repellent and sunscreen. If you would like to have sunscreen and/or mosquito repellent applied to your child while at school or during field trips, please fill out the section below.

Please keep in mind that we have seen an increase in the presence of ticks in our area. Bug spray helps protect us from illnesses such as West Nile Virus, Eastern Equine Encephalitis and Lyme. It is also important to try and protect kids from sunburns when they are outside on hot, sunny days. Not only are sunburns painful, they can be a risk for developing skin cancer later in life. We would like to remind parents to apply sunscreen and bug spray prior to sending your child to school in the morning during the warmer months.

I give Union 93 permission to apply Sunscreen with an SPF 30 or higher to my child when at school, and/or on school hikes and field trips. _____ Yes _____ No

I give Union 93 permission to apply Insect repellent with DEET to my child when at school, and/or on school hikes, and field trips. _____ Yes _____ No

[] I would like my child to have lemon eucalyptus oil for bug repellent instead of DEET

I/we the undersigned understand that health information may be shared on a need to know basis with staff in order to keep my child safe and healthy at school.

Parent/guardian signature _____ Date _____

As always, please feel free to contact us with any questions or concerns.

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