

**HOLBROOK SCHOOL ANNUAL STUDENT HEALTH REPORT
2024-2025**

NAME _____ DATE OF BIRTH _____ GRADE _____ DATE _____

ADDRESS _____ PHONE _____ TEACHER _____

Date of most recent physical _____ Name of Doctor _____ Phone _____

Has your child had any immunizations recently? ☐ Yes ☐ No

(If yes, please send in a copy of the immunization record.)

Has your child been hospitalized or had surgery in this past year? ☐ Yes ☐ No

If yes, please indicate:

a. reason for hospitalization _____

b. type of surgery _____

Has your child had any recent accidents, illness, or injury? ☐ Yes ☐ No

If yes, please explain _____

Has your child had a seizure, concussion, or been unconscious for any reason in the last year? ☐ Yes ☐ No

If yes, please explain _____

List medications taken on a daily basis and what condition the medication is for _____

List medications taken on an "as needed" basis and what condition the medication is for _____

Please check the following conditions that apply to your child. Please include a brief explanation in the space provided below:

☐ Allergies: ☐ Bee stings ☐ Foods (please list below) ☐ Medications (please list below) ☐ Other (please list below)

Please describe what the allergic reaction is like _____

Does your child carry an Epi pen? ☐ Yes ☐ No

Where is it? _____

Does your child have a food allergy action plan? ☐ Yes ☐ No If yes, please send a copy.

Has your child ever had a seizure, concussion or been unconscious? ☐ Yes ☐ No

If yes, please explain _____

Is there a history of heart disease or sudden death in your family? ☐ Yes ☐ No

If yes, please explain _____

Please complete if your child has asthma:

Does your child have an asthma plan? ☐ Yes ☐ No

How often does your child have an acute episode? _____

What triggers your child's asthma? (please explain) _____

Does your child carry his/her own inhaler? ☐ Yes ☐ No Where? _____

If yes, please list name(s) of medication(s) _____

Are you or your child worried about any medical problem or condition at this time? ☐ Yes ☐ No

If yes, please explain _____

If you think your child will need to use medications during school hours please ask for a medication permission form in the office or print one from the RSU 63 web site. You and your child's physician will need to complete the form per the district's medication policy.

All middle school students participating in sports must have a physical on file as well as a yearly health update. Students will not be able to participate until these are on file in the office.

Any student suspected of having sustained a concussion or other head injury during a school activity, including but not limited to participation in interscholastic sports, must be removed from the activity immediately. A student and his/her parent(s)/guardian(s) will be informed of the need for an evaluation for brain injury before the student is allowed to return to full participation in school activities including learning. For the complete concussion policy, please see the Concussion Policy on the RSU63 website.

No student is permitted to return to the activity or to participate in other school activities on the day of the suspected concussion.

I have read and understand the Concussion Policy, **JJIF Management of Concussions and Other Head Injuries**, as described in the policy located on the RSU 63 web page. I agree to adhere to the policy as it relates to keeping my child out of play and seeking medical advice before returning to play.

Signature of parent/guardian _____ Date _____

Signature of student _____ Date _____