

**Quincy Public Schools  
2010 – 2011 Academic Year  
Student Health Information Update Form**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Public insurance     Private Insurance     Mass Health     No Insurance

Allergies: (specify type) \_\_\_\_\_ Epi-Pen  Yes  No

Current Health Concerns: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Name of Medication	Dose	Time of Dose

Please list other medications on back of form.

**PERMISSION FOR RELEASE OF INFORMATION**

I authorize the school nurse to contact the above physician, when appropriate, for a 2-way exchange of medical information.  Yes  No

I give permission for the nurse to share my child's medical information with appropriate staff.  Yes  No

**MEDICATION ORDER (STANDING)**

I give permission to have the school nurse give the following medications to my child,

- Acetaminophen (Tylenol)
- Ibuprofen (Advil) **(Students grade 6 – 12 ONLY)**
- Antacid Tablets (Tums)

In accordance with the doctor's standing order for the Quincy Public Schools, prescribed by Dr. Robert Shiner, School Physician.  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Relationship: \_\_\_\_\_