

The Woodstock Academy

ANNUAL HEALTH QUESTIONNAIRE

Please complete all applicable items below. Print legibly.

In order to maintain your child's health record, please complete this form and return it to the health office.

1. Student's Name _____ Grade _____
Address: _____ Town _____ State, Zip _____
Date of Birth _____ Home phone _____

2. Parent/Guardian 1 Name _____ Cell Phone _____
Place of Employment _____ Work Phone _____

3. Parent/Guardian 2 Name _____ Cell Phone _____
Place of Employment _____ Work Phone _____

4. In case of an emergency, please designate two individuals (other than those listed above) whom we can contact and release your child to:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

5. Student's Doctor _____ Phone _____

6. Health Insurance (Name & Policy#) _____

7. Does your child have any allergies? (food, medication, environmental) Yes ____ No ____

If so, what type and how is it treated? _____

8. Does your child experience reactions to bee stings? Yes ____ No ____

If yes, what is the reaction treatment? _____

If your child takes medication for allergic reactions, please provide medication and Doctor's authorization form to the Health Office.

9. Does your child have a history of the following health concerns: If yes, indicate (x) and explain.

ADHD ____ Diabetes ____ Heart Condition ____

Asthma ____ Epilepsy/seizures ____ Vision/Hearing ____

Depression/Anxiety ____ G.I. Disorder ____ Other ____

Comments: _____

10. Does your child take any medication? Yes ____ Name of Medication: _____

If needed during school hours, please provide Health Office the medication and Doctor authorization form.

OVER

Athletic Physicals are required for students in Grades 9-12 who are going to participate in **ANY** interscholastic sports competition. Athletic physicals **MUST** be completed **AND** submitted to the Health Office **BEFORE** students begin tryouts. It is best if all physicals are completed in the summer; a physical is considered current for 13 months from the date it was completed. Athletic physicals are offered during the summer at no charge for Woodstock Academy students; the date of the physical will be advertised annually.

Connecticut State Law requires that a physical examination be completed in Grade 10, on all out of state transfer students, and international students and a copy submitted to the Health Office. A hemoglobin or hematocrit blood test is **REQUIRED** with the mandated Grade 10 physical. The physical needs to be completed by April of the 10th grade year.

NOTICE: Students are **NOT** allowed to carry any medications, either prescription or non-prescription (over-the-counter) on them during school hours. This includes but is not limited to: Aspirin, Ibuprofen, Acetaminophen, Vitamins, Dietary Supplements, etc.

Self-medication of asthma inhalers, Epi-Pens and insulin are allowed after the Nurse's Office is notified and written permission from the physician and parent/guardian are obtained.

Connecticut state law **requires written permission annually** from the parent/guardian for any medication to be administered to students in school. Prescription medications require physician and parent/guardian signatures.

Medical Dismissal: An ill student is not permitted to leave the Academy unless excused by the Health Office. Phone calls to the parent/guardian are to be made from the Health Office; students are not to call from their cell phone or any other phone on campus for a medical dismissal. Students who call or text from cell phones will not be excused from the Health Office. Parents will have to handle the dismissal in the Main Office.

Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Hepatitis B, Meningococcal and Varicella immunizations are required for all students. If a student has had the Varicella disease (Chickenpox) a doctor's confirmation is required. The legislation mandates that any child attending any public or nonpublic elementary or secondary school must present evidence that (1) the above named immunizations have been received or are in the process of being received or (2) a doctor's certificate stating that such immunizations are medically contraindicated. To claim a **RELIGIOUS EXEMPTION**, a State of CT Dept. of Public Health *Religious Exemption Statement* must be submitted **BEFORE enrolling** in the school. (Available at www.woodstockacademy.org)

Signature of Parent/Guardian _____ Date _____

Note: Questions should be directed to the Health Office at 860-928-0413 or 860-928-6575