Newburyport Public Schools **CONFIDENTIAL STUDENT HEALTH INFORMATION**

MUST BE COMPLETED AND SIGNED ANNUALLY

STUDENT: ____

Last Name First Name Middle Name Date of Birth Grade

Primary Contact in the event of an emergency during school hours:

Contact #1: ________________________________ Relationship:______________Phone: ____________

Contact #2: ________________________________ Relationship:______________Phone: ____________

Health/Medical Conditions: Please check all that apply

☐ **ADHD/ADD**	☐ **Cardiac Conditions**	☐ **Gynecological/Menstrual Issues**
Allergies ☐ Bees ☐ Food ☐ Lactose ☐ Latex ☐ Medication ☐ Gluten List Allergies/Intolerances: ______________________________ **Epi-pen** Self-carries? ☐Yes ☐No ☐Yes ☐No	☐ **Celiac Disease**	☐ **Hearing Impairment**
	☐ **Cancer**: type ____________________	☐ **Inflammatory Bowel Disease** (IBS, Crohn's,etc)
	☐ **Cerebral Palsy**	☐ **Kidney Disease**
	☐ **Constipation or Encopresis**	☐ **Lupus**
	☐ **Cystic Fibrosis**	☐ **Lyme Disease** ☐ Acute or ☐ Chronic
☐ **Anxiety**	☐ **Depression**	☐ **Migraine Headaches**
☐ **Asthma** (current or history) or Breathing (Respiratory) Disorder If yes, used asthma medication within the past two years? ☐ Yes ☐ No Self Carries **Inhaler**? ☐ Yes ☐ No	☐ **Diabetes Type I** Insulin by ☐ Pump or ☐ Injection CGM ☐ Yes ☐ No CGM type: ____________________	☐ **Neuromuscular Degenerative Disorder** ☐ **Nose Bleeds** ☐ **PTSD/Trauma History**
☐ **Arthritis**	☐ **Diabetes Type II**	☐ **Pulmonary Hypertension**
☐ **Autism Spectrum Disorder**	☐ **Difficulty communicating pain**	☐ **Seizure Disorder**
☐ **Autoimmune Disorder**: ________________________	☐ **Dizziness/Fainting**	☐ **Skin Rashes**
	☐ **Ear Infection/Tubes**	☐ **Spina Bifida**
Blood Dyscrasias: ☐ Anemia ☐ Hemophilia ☐ Sickle Cell Trait ☐ ITP ☐ Von Willebrand ☐ Other	☐ **Eating Disorder**	☐ **Thyroid Problems**
	☐ **Frequent Urination**	☐ **Visual Impairment**
☐ **Other Behavioral Health Condition:** __________________________	☐ **Other Neurological Condition**: __________________________	☐ **Other Physical Condition**: __________________________

Please provide additional details on health conditions that may require nursing services during the school day:

____

☐ **Uses adaptive equipment:** hearing aids, sound field amplifiers, wheel chair, or crutches **(**list**)**

____

☐ **Takes daily medication (list Name, Dose, Frequency):**

____

Is a student's parent or step parent enlisted in the military? ☐ No, not a member of a military family ☐Yes, active duty member

☐ Yes, member or veteran who are medically discharged or retired for 1 year ☐ Yes, member who died on active duty

Health Provider Information

	Last Name	**First Name**	**Phone**	**None**
Physician	____________	____________	____________	☐
Dentist	____________	____________	____________	☐

Health Insurance ☐ Yes ☐ No

Provider ______________________

Policy # ______________________

Permissions:

1. ☐ My child has my permission to receive health/wellness services. I understand the information on this form may be shared with appropriate school personnel in order to meet my child's safety and healthcare needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.
2. ☐ I give permission to the school nurse to administer over the counter medications to my child per the **Newburyport Public Schools Medication Protocols** (see page 2 for medication list). To **refuse** one or more of the medications in this protocol, **please list**: ____
3. In the event of a public health emergency, I give permission to the school nurse to administer **Potassium Iodide (KI)** (see information on page 2)**. Yes** ☐ **No** ☐
4. Alcohol Based hand sanitizer continues to be utilized in our schools. If you **do not want** your child to use Alcohol based hand sanitizer, please notify your school nurse.

11/15/23

______________________ ______________________ __________

Parent/Guardian Name **Parent/Guardian Signature** **Date**

Newburyport Public Schools
Medication Administration Parent Information

11/15/23

We would like to inform you of regulations put in place by the Massachusetts Department of Public Health and the policies adopted by the Newburyport School Committee regarding the administration of medications in school under the guidance of Dr. Lars Lundgren, School Physician. Each year, consent is solicited for our Health Related Protocols.

Health Related Protocols:

1. Over-the-counter(OTCs) medications approved for administration by the school nurses, as well as the protocols are available in each school's health office and on the Health Services webpage found on the Newburyport School's website, www.newburyport.k12.ma.us/Departments/Health Services/Medications. The list of medications and protocols is as follows:
   a. Student Oral OTCs: Acetaminophen (Tylenol), Ibuprofen (Advil or Motrin), Diphenhydramine (Benadryl), Loratadine (Claritin), Calcium Carbonate (Tums), Meclizine HCL (Non-Drowsy Anti-Motion Sickness) Protocol, Cough Drops Sugar Free Protocols
   b. Student Topical OTCs: Aloe Vera Gel, Bacitracin Ointment, Caladryl/Calamine Lotion, 1% Hydrocortisone Ointment, Vaseline, Sting relief pads Protocols
   c. Emergency Treatments: Anaphylaxis (Epinephrine administration) Protocol and Narcan (Naloxone Hydrochloride) Nasal Spray Protocol
2. Every effort will be made to contact parents of elementary students before a medication is given. Over-the-counter medications outside of the standard Newburyport Schools protocols will require both parent and physician signed medication consents**. If you do not want your child to receive one or more of the medications above, please indicate this on the Confidential Health Information (page 1).**

Potassium Iodide (KI) Information for Parents and Guardians

1. This information sheet is about a protocol for people, especially those who live within ten miles of a nuclear power plant, who may be exposed to radiation from a nuclear plant emergency. In December 2001, the Federal Food and Drug Administration (FDA) stated if there was a radiological emergency, people should take a drug that would help protect them from thyroid cancer. This drug is called **potassium iodide (KI).** The Massachusetts Department of Public Health (DPH) agrees. The questions and answers below will give you more information. The Department of Public Health, the Center for Disease Control, the Newburyport Health Department, and your Newburyport School Nurses feel that the benefits of taking KI are much greater than the risks.

2. **What is potassium iodide (KI) and what is it used for?** If there is a radiological emergency from a nuclear plant, large amounts of something called radioiodine could be put into the air and this could hurt your thyroid gland, or even cause thyroid cancer later on. You could breathe in the radioiodine or eat food that has some radioiodine in it. When you take the KI pill, it protects the thyroid gland from being harmed.

3. **What age group has the highest risk from exposure to radioiodine?** Young children have the highest risk. We have learned this from looking at children in areas that were exposed to the radioiodine from the Chernobyl and Fukushima nuclear power plant accidents.

4. **When should KI be taken?** KI should be taken before or just after you are exposed to radioiodine and your child will receive KI from their teacher or school nurse only if you have "opted in" on the Parent Health Portal or checked off "yes" on the Student Confidential Health/Potassium Iodide Form. We are planning ahead in the unlikely event of an emergency. Nurses or designee would give KI to your child only when instructed to do so by the local health department.

5. **What are the risks of taking Potassium Iodide (KI)?** Taking KI is safe for most people.
   - KI should not be taken if someone:
     - Is allergic to iodine, *and consult physician for following:*
     - Has Graves Disease
     - Has any other thyroid illness
     - Takes thyroid medication
   - Be sure to alert the school nurse of these conditions.

6. **Can people have reactions to KI?** In general, most people who have taken KI have not had any reactions (side effects). If people did have a reaction, it did not last very long. In a few cases, babies had a reaction in their thyroids. Adults who had reactions had stomach problems or a rash. The federal government and DPH thinks the benefits of taking KI are much greater than the risks.

7. **How much KI will be administered?** The District is provided KI in a 130 mg tablet. In an emergency, it is safe for school aged children to take the whole pill. Pills will be crushed for children who cannot swallow pills.

8. **Select "yes" on the Confidential Health Information Permissions (Page 1) for your child to receive KI during an emergency.**

For further information: see the Newburyport : https://www.newburyport.k12.ma.us/P44, Mass.gov: https://www.mass.gov/info-details/frequently-asked-question-regarding-use-of-potassium-iodide-during-radiological-emergencies