

**Newburyport Public Schools**  
Student Health Information

Students last name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_

Resides with  Mother  Father  Other \_\_\_\_\_

Mother's home # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Cell # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Father's home # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Cell # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

If necessary the following people may be contacted and my child may be dismissed to:

#1 contact \_\_\_\_\_ telephone # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

#2 contact \_\_\_\_\_ telephone # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Does your child have insurance?  YES  NO Provider's name \_\_\_\_\_

Insurance # \_\_\_\_\_ Name of subscriber \_\_\_\_\_

Primary Day Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_

**Allergies to Medication**

**Food Allergies**

**Other serious allergies**

**Special diet Considerations**

Does your child take daily medication?  YES  NO Name \_\_\_\_\_

**Pertinent Medical Information to be completed by parent – check all that apply**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> ADD/ADHD        | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Dizziness/fainting |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Glasses/contcts | <input type="checkbox"/> Seizures      | <input type="checkbox"/> Hearing problems   |
| <input type="checkbox"/> Kidney/bladder | <input type="checkbox"/> Freq. headaches | <input type="checkbox"/> Heart Disease |   |

OTHER health issues \_\_\_\_\_

**My child her permission to take:**

Acetaminophen  Yes  No Ibuprofen  Yes  No Cough Drops  Yes  No

In the event of a nuclear emergency my child may receive Potassium Iodide  Yes  No

This student has my permission to receive health/wellness and support services offered in the health office. I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give the nurse permission to exchange with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Potassium Iodide Parent/Guardian Informed Consent Form**

### *Reason for Taking Potassium Iodide*

In the case of an accident at a nuclear power plant or what is known as a radiological emergency, radioactive iodine will be released into the air. This material may be inhaled or ingested and enter the thyroid gland where it can cause cancer and/or disease. Children and infants are the most vulnerable to this occurrence. When taken by pill, potassium iodide (KI) floods the thyroid with non-radioactive iodine and prevents the thyroid from absorbing the radioactive material. Potassium iodide needs to be given before or shortly after exposure to radiation. Potassium iodide works only to prevent the thyroid from absorbing radioactive iodine.

### *Potential Side Effects of Potassium Iodide*

It is possible to experience any or all of the following side effects when taking potassium iodide:

- ◆ Upset stomach
- ◆ Rash
- ◆ Allergic reaction

Taking potassium iodide is safe for most people. Potassium iodide should not be taken if someone:

- ◆ Is allergic to iodine
- ◆ Has Graves Disease
- ◆ Has any other thyroid illness
- ◆ Takes thyroid medication

### *Administration of Potassium Iodide*

Potassium iodide will only be given:

- ◆ In the case of a radiological emergency
- ◆ If it is recommended by public health officials
- ◆ If a parent/guardian signs a consent form for a child