Camden Hills Regional High School

HEALTH HISTORY FORM

2019-20

Student Name: _____ Grade: _____

Health Care Provider: _____ Dentist: _____

Does your child have any known medical problems? YES NO
If yes, explain: _____

Has your child had any serious illness, injury or hospitalization in the past year? YES NO
If yes, explain: _____

Has your child ever been diagnosed with a concussion? YES NO
If yes, when: _____

Has your child had any recent emotional upset/mental health concerns? YES NO
If yes, explain: _____

Current Medications: Include ALL medications your child is taking (attach list if needed).

Medication	Dose	Reason

Check the following information as it applies to your child:

Vision: My child wears glasses or contacts: YES NO
List any vision needs at school: _____

Hearing: My child wears hearing aids or other hearing device: YES NO
List any hearing needs at school: _____

*** Asthma:** My child uses an inhaler or nebulizer: YES NO

*** Allergies:** My child is allergic to: _____
My child has an epi-pen: YES NO

***All students with life-threatening allergies or asthma requiring emergency medications must have an annual Action Plan signed by the healthcare provider and parent. Action Plan forms are available on the school website or from the school nurse.**

Do you give permission for your child to receive the following medications from the school nurse?

Ibuprofen (Advil):	YES	NO	Anti-Itch lotion	YES	NO
Acetaminophen (Tylenol):	YES	NO	Cough Drops	YES	NO
Antacid Tabs (Tums):	YES	NO	Anbesol	YES	NO
Antibiotic Ointment:	YES	NO			

Phone: Home _____ Work _____ Cell _____

_____ _____ _____
Parent/Guardian Name Signature Date

If you have any concerns or questions, please contact the school nurse at 236-7800 ext. 3250

TURN OVER

Revised 6/26/18

Camden Hills Regional High School

HEALTH CONSENT FORM

2019-20

_____has my permission to participate in a full educational and/or athletic program in the Five Town CSD. I accept full responsibility for any and all financial obligations incurred as a result of injury to my child while he/she is taking part in either program. I realize that there is a risk of injury (sometimes severe) that is inherent in all sports and certain educational settings (labs, IA, etc.), and I release the Five Town CSD, the administration, staff, coaches, and any other school officials or employees from any claim that may arise during such participation, unless the accident is the direct result of negligence on the part of any of the persons mentioned above.

I attest that Camden Hills Regional High School has permission to obtain medical care for my child in case of an emergency requiring immediate attention. I understand that I am fully responsible for all costs associated with this need. I also understand that if my child is injured or ill enough to receive medical attention, he/she will have to present a physician's permission to return to active participation in sports.

Five Town CSD recommends that you **provide adequate medical coverage for your son or daughter to properly cover any and all financial obligations incurred as a result of injury to him/her while participating in school activities.**

The school insurance is strongly recommended for all students who are not adequately covered by other health plans or who do not have dental plans.

Information on insurance may be obtained from the CHRHS nurse's office at 236-7800, ext. 250.

My son/daughter is covered by the plan listed below:

_____School Insurance _____ Maine Care _____ Private Insurance
_____Self-Insured (I agree to cover all health expenses incurred by my son or daughter)

_____ _____
Date *Parent /Guardian Signature*

CHEMICAL SUBSTANCE AGREEMENT FOR ALL STUDENTS

2019-20

Participation in extra/co-curricular activities, whether athletics or non-athletics, is considered a privilege, and students who choose to participate in such activities will be held to a higher level of responsibility concerning the use of illegal chemical substances.

Students who are active or involved with athletic teams and/or non-athletic activities are considered subject to our Misuse of Chemical Substances by High School Students policy at all times and at all locations and will be held responsible under this Policy for confirmed violations of this Policy no matter where or when the violation occurs. This policy and its consequences are clearly stated in our student handbook and on our website.

Rule: No student shall use, possess, be under the influence of, sell, furnish or distribute in any manner any substance declared illegal by state or federal law, including alcoholic beverages, drugs, tobacco products, inhalants, controlled substances not prescribed to the individual, or look-alikes.

Our signatures state that we have read the entire Misuse of Chemical Substances Policy (available at *CHRHS.fivetowns.net*) and understand our responsibility and the consequences for not adhering to it.

_____	_____	_____
Date	*Parent /Guardian Signature*	*Parent/Guardian Printed*
_____	_____	_____
Date	*Student Signature*	*Student Printed*

CONCUSSION INFORMATION FOR ALL ATHLETES

2019-20

Our signatures state that we have read the entire Concussion Information Sheet (available at www.fivetowns.net/chrhs) and understand our responsibility and the consequences for not adhering to it.

_____	_____	_____
Date	*Parent /Guardian Signature*	*Parent/Guardian Printed*
_____	_____	_____
Date	*Student Athlete Signature*	*Student Printed*

All students please note that the Athletic Trainer's duties do not include treating student athlete injuries that occur outside of CHRHS sports programs.