

25 Marlboro Road
Southborough MA 01772
508-786-6000



HEALTH RECORD

Students with incomplete health records will not be allowed to participate in any activities, including sports. This form **MUST** be returned to **Health Services, St. Mark's School, Southborough, MA 01772** **no later than JULY 1st**.

STUDENTS's Name _____ Date of Birth _____
Last First Middle

Home Address _____
Number and Street City State Zip

Student Cell Phone: _____

FATHER's Name _____ Res. Phone (____) _____

Home Address _____ Cell Phone (____) _____

E-Mail: _____ Bus. Phone (____) _____

MOTHER's Name _____ Res. Phone (____) _____

Home Address _____ Cell Phone (____) _____

E-Mail: _____ Bus. Phone (____) _____

ALTERNATE responsible person (not a parent) to be contacted if parent or guardian is unavailable:

Address _____ Phone (____) _____

INSURANCE **PREAUTHORIZATION/REFERRAL REQUIRED?** ☐ YES ☐ NO

PLEASE ATTACH A COPY OF THE HEALTH INSURANCE CARD (FRONT AND BACK) TO THIS FORM. REQUIRED ANNUALLY.

Health Insurance Company/HMO _____

Name of Subscriber _____ Subscriber's Date of Birth: _____

Subscriber's Employer _____ ID/Group Number _____

PARENT PERMISSION:

I hereby consent for St. Mark's School Health Services, or designated health care providers, to carry out accepted procedures for diagnosis and treatment of medical conditions, athletic injuries, dental injuries, counseling services, and medication administration for my daughter or son, _____ (Student Name). Any required immunizations that are not complete may be administered at Health Services. Furthermore, I understand that the exchange of pertinent medical, psychological, and health insurance information may be necessary when providing care with an outside provider or through an off-campus facility. Faculty and other school personnel will be informed of any life threatening allergies, medical conditions, and psychological issues which may require treatment as deemed necessary by Health Services.

Please sign and date below, to complete this authorization.

Parent/Guardian Signature _____ Date _____

HEALTH RECORD (continued)

Student Name: _____ Date of Birth: _____

Would you like your child to receive the Flu Immunization?

☐ Yes

☐ No

THE FLU IMMUNIZATION WILL BE ENTERED INTO YOU CHILD'S MIIS IMMUNIZATION RECORD

Parent Signature

Date

Parents/Students PLEASE COMPLETE THE FOLLOWING:

Primary Care Physician: _____ Phone: _____

PLEASE LIST CURRENT MEDICATIONS:

Please comment on all "Yes" answers in the space provided below.
Please include dates and duration of condition if applicable.

MEDICAL HISTORY		YES	NO	PLEASE EXPLAIN
Allergies – Please describe reactions	Food: Medication: Environmental: EpiPen:			
Cardiovascular Issues (fainting, palpitations, ↑blood pressure)				
Respiratory Issues (asthma, bronchospasms)				
Musculoskeletal Issues (Osgood Schlatters, scoliosis)				
Gastrointestinal/Digestive Issues (special diet, lactose intolerant)				
Genitourinary/Menstrual Issues				
Metabolic/Endocrine Issues (diabetes, thyroid)				
Neurologic Issues (epilepsy, seizures, migraine headaches)				
Sensory Issues (vision, hearing, speech)				
Skin Issues (acne, eczema)				
Dental Issues (braces, retainer, implants)				
Hospitalizations				
Surgeries				
Orthopedic Injuries (fracture, sprain, strain)				
Head Injuries (concussion)				
Loss/Compromise of Any Paired Organ (kidney, lung)				
Recurrent Infections (strep throat, tonsillitis, pneumonia)				

PERSONAL HISTORY	YES	NO	PLEASE EXPLAIN
Has physical activity been restricted during the past five (5) years? (Give reasons and durations)			
Received counseling or treatment for an emotional, anxiety, or other psychological concerns?			
Diagnosed with learning differences? (ADD, ADHD, LD)			
Consulted or been treated by a clinic, physician, healer, or other practitioner within the past five (5) years?			
Concerns about activities of daily living? (sleep, diet)			
Concerns about tobacco, alcohol, or other drug use?			
Concerns about issues related to sexual health? (STD, STI, contraception)			

HEALTH RECORD (continued)



PHYSICAL EXAM STATUS

NOTE: This Health Record Form must be returned to St. Mark's School Health Services no later than July 1st. If your child's next Physical Exam is scheduled at a later date, please indicate the date of the next scheduled Physical Exam below.

DATE OF NEXT SCHEDULED PHYSICAL EXAM: _____

MEDICATION INFORMATION:

All prescription medications must be checked-in through Health Services. A Medication Order Form, signed by the prescribing physician, must accompany all prescription medications. This is both a health and safety issue.

All regulated medications, including psychotropic medications, antidepressants, and narcotics will be kept in and administered from Health Services only.

Students will be allowed to keep the following prescriptions medications in their dorm rooms after consulting with Health Services: Epi-Pens, inhalers, asthma/allergy medications, birth control pills, and acne treatments. Students will also be allowed to keep the following over-the-counter (OTC) medications in their room: analgesics such as Tylenol (acetaminophen) and Advil (Ibuprofen), cold medicines, antacids, vitamins, and herbal supplements. These OTC medications are also available at Health Services.

The following protocol will be used for students who are non-compliant in taking their prescribed medications:

1. Student will be contacted after first missed dose.
2. Parent will be contacted if no response from student or following second missed dose.
3. Physician will be contacted if there is no resolution from the parents.

DISPENSING PRESCRIPTION MEDICATIONS: The Massachusetts Board of Nursing Registration and the Massachusetts Department of Public Health prohibit nurses from dispensing medications. Therefore, parents must make arrangements to keep a supply of their child's prescription medications at home for the vacation breaks. If a parent chooses, they may pick-up the entire supply of medications to take home over vacation. Parents are responsible for re-supplying Health Services with the needed medications following the break. Students are not allowed to carry regulated, prescription medications to and from school.

→ Medications NOT checked-in with Health Services will be considered contraband and will result in disciplinary consequences.