



# Confidential Health Information

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

Form 069-1E  
September 2023

*In case of emergency, school staff will contact 911.*

*Every attempt will be made to contact a parent, guardian, or designated emergency contact.*

## STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade
School Name:					
Does the student have health insurance? <input type="checkbox"/> Private <input type="checkbox"/> Medical Assistance <input type="checkbox"/> No Insurance			Does the student have dental insurance? <input type="checkbox"/> Y <input type="checkbox"/> N		

## CURRENT HEALTH CONCERNS

*Please check the following health concerns that may impact the student's educational day. This information may be shared with FCPS staff as appropriate.*

The student does not have any medical concerns

- |  |  |
|--|--|
| <input type="checkbox"/> ADD/ADHD  | <input type="checkbox"/> Cancer  |
| <input type="checkbox"/> Allergies ( <b>choose all that apply</b> )  | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Foods _____   | <input type="checkbox"/> Hearing Concerns <input type="checkbox"/> Hearing Aid(s)            |
| <input type="checkbox"/> Bee Sting/Insect Bite _____   | <input type="checkbox"/> Vision Concerns <input type="checkbox"/> Eye Glasses/Contact Lenses |
| <input type="checkbox"/> Medicines _____   | <input type="checkbox"/> Heart Concerns _____  |
| <input type="checkbox"/> Pesticides/Chemicals* _____   | <input type="checkbox"/> Mental Health Diagnosis _____                                       |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Physical Disability _____   |
| <input type="checkbox"/> Asthma: Has the student experienced an asthma episode in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Emotional/Behavioral Disability _____                               |
| <input type="checkbox"/> Blood Disorder _____  | <input type="checkbox"/> Intellectual Disability _____                                       |
| <input type="checkbox"/> Seizures  | <input type="checkbox"/> Other _____   |

This information is a change in health condition from the last school year

*\*FCPS uses the Integrated Pest management programs to identify and control pest problems in schools. **Elementary** schools must notify staff and parents/guardians of all students 24 hours before pesticides are to be applied inside the school building or on the grounds. **Middle and high schools** must notify only those parents, guardians or staff who have filed a written request for notification; forms are available at each school and must be updated every school year. See the FCPS Calendar Handbook for details, or contact your child's school.*

## MEDICATIONS: List all medications and dosages your child receives on a routine basis

Medications are not required at school

Medications: \_\_\_\_\_  
*If the student requires over-the-counter or prescription medications or treatments at school, the health care provider and parent **must** complete and submit the appropriate authorization form(s). Obtain forms from the health staff at your child's school or at <http://www.fcps.org/> (click on Forms).*

- I give permission for health room staff to apply or provide:  calamine lotion  petroleum jelly,  Aveeno lotion, or  Eucerin Cream to my child as needed and appropriate for minor skin irritation.

*I hereby give authorization and consent to the school, in the event that I cannot be contacted, to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with FCPS/Frederick County Health Department staff and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.*

Parent/Guardian name (please print): \_\_\_\_\_ Primary Contact Ph# \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_