



SMS / UNH STEMfest Permission Form

_____ (Student Name) has permission to attend the SMS / UNH STEMfest Event on Saturday, October 28th from 10:00am until 2:00pm at South Meadow School. I (Parent/guardian) will provide transportation for my student to and from this event.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Is there any health condition or problem that we should be aware of?

Are there any food allergies we should be aware of?

Please also complete a Health Information Form (Page 2) .

Parent Signature

Contact Telephone

CONTOOCOOK VALLEY SCHOOL DISTRICT

Health Information Form - (2016/2017)

Please answer all questions on this form to the best of your knowledge. Your responses will be shared with school personnel only on an as needed basis.

NAME OF STUDENT: _____ YOG _____ TODAY'S DATE: _____

Parents/guardians: _____ Home Phone: _____ Work/Cell: _____

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Doctor: _____ Phone: _____ Medical Insurance? Yes No Company Name: _____

Dentist: _____ Phone: _____ Dental Insurance? Yes No Company Name: _____

Please list 2 local people (other than parents) designated to assume responsibility for your student's health care in an emergency or non-emergency situation:

Name: _____ Relationship: _____ Home Phone: _____ Work/Cell Phone: _____

Name: _____ Relationship: _____ Home Phone: _____ Work/Cell Phone: _____

Are there any current medical concerns (including but not limited to vision, hearing, disease/illness)? Are there any limitations to normal daily activities? Yes No If yes, please explain: _____

Any past medical concerns? Yes No If yes, please explain: _____

Any medications taken at school or home: Yes No If yes, list the dosage and frequency: _____

Any DRUG allergies? Yes No If yes, to what? _____ What is the reaction? _____

What is the treatment? _____

Any FOOD allergies? Yes No If yes, to what? _____ What is the reaction? _____

What is the treatment? _____

Any ENVIRONMENTAL allergies (for example, pollen, bee stings)? Yes No If yes, to what? _____

What is the reaction? _____ What is the treatment? _____

If emergency medical treatment is required, and the parents or legal guardians cannot be reached immediately, your signature provided below empowers the school authorities to exercise their own judgment in taking the necessary steps to initiate treatment. I hereby authorize the ConVal School District staff or its agent to administer first aid and refer for medical treatment, including the option of releasing school medical records, ambulance transport, hospitalization or whatever may be reasonably required under the circumstances.

I hereby **give** /**do not give** permission for release/exchange of health information by telephone, mail or electronic exchange, including fax or email, between the school nurse, student's health care provider(s) and appropriate school personnel.

By signing below, I attest that all information is accurate and acknowledge that this is a legal document for use by Contoocook Valley School District.

(Date)

(Signature)

(Relationship to student)