

2025-2026 WSESU SCHOOL HEALTH FORM

53 Green Street Brattleboro, VT 05301

() Brattleboro Area Middle School

() Brattleboro Union High School

() Windham Regional Career Center

Student Name:	DOB:	Grade:	Teacher:	Pronoun:
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Emergency Contact Information

Parent/Guardian #1: email:	Home Phone: Cell Phone:	Place of Employment: Work Phone:
Parent/Guardian #2: email:	Home Phone: Cell Phone:	Place of Employment: Work Phone:
Emergency Contact #1:	Relationship:	Phone:
Emergency Contact #2:	Relationship:	Phone:

Medical Information and Health Questions

Diagnosis, illness, disabilities (seizures, ADD, ADHD, anxiety, cardiac, concussions):		
Current Medications (please notify your school nurse if your student will be taking medications at school):		
Other Providers (Neurology, therapy, etc):		
Allergies (food, venom, medications, seasonal) and symptoms . If your child has food allergies, please list specific food restrictions:		
EPI-PEN? YES () NO()		
ASTHMA	Yes	No
Has a doctor, nurse, or other health professional EVER said that your child has ASTHMA?		
If YES, does your child STILL have ASTHMA?		
If YES, does your child have an up-to-date VT Asthma Action Plan?		
Will your child require the use of an inhaler during the school day?		

Doctor/Nurse Practitioner:	Well Child Exam within the last year? Date _____		
Dentist:	Appointment within the last year? Date _____		

Does your child have Health Insurance? For information on Vermont Insurance vermonthealthconnect.gov or 1-855-899-9600		
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Do you give permission for COVID testing at school? More information on testing can be accessed HERE or below site https://docs.google.com/document/d/1k1m8pTYWnM1bqNMepLuuWspoAnQ26t6bTYaivdTmtq4/edit?usp=sharing		
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Please place a check next to the over the counter medications that you approve for administration to your child while at school (as needed):

___Acetaminophen(Tylenol) ___Ibuprofen(Motrin/Advil) ___Diphenhydramine(Benadryl)
___Antacid/Calcium Carbonate(Tums) ___Benzocaine Oral Gel(Orajel) ___Insect Repellant ___Sunscreen

Please Sign Both

In Case of Emergency: In case of accident or acute illness I request that the school contact me. In an emergency, emergency personnel can be contacted and information can be shared with emergency and specialty medical services. If the school is unable to reach me, I hereby authorize the school to call the health care provider indicated and to follow his/her instructions. If it is impossible to contact the provider, the school may make whatever arrangements necessary.	
Signature: _____	Date: _____
Release of Information: I give permission for school health services to send/receive confidential medical information to ALL my child's Health Care Providers.	
Signature: _____	Date: _____