



# Compass Classical Academy

A Public Charter School

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## Medical History

Student Name \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Does the student have?	Yes	No
Asthma .....	___	___
Seizures .....	___	___
Diabetes .....	___	___
Hearing Problems .....	___	___
Vision Problems .....	___	___

Allergies	Yes	No
Bees .....	___	___
Environmental .....	___	___
Seasonal .....	___	___
Food(s) .....	___	___
Medication(s) .....	___	___

List food(s) and/or Medication(s) and type of reaction.

Does the student use?

Inhaler at School .....	___	___
Epi-Pen for allergic Reactions --	___	___

Current Medications (Please List)	Home	School
_____	___	___
_____	___	___
_____	___	___
_____	___	___

IF YOU INDICATE ABOVE THAT YOUR CHILD IS IN NEED OF AN EMERGENCY MEDICATION AT SCHOOL, WE WILL REQUIRE THESE BE MADE AVAILABLE TO US WITH A PHYSICIAN'S ORDER BY THE FIRST DAY OF SCHOOL.

May we have permission to give:	Yes	No
Tylenol (pain or fever) .....	___	___
Ibuprofen .....	___	___
Tums (indigestion) .....	___	___
Menthol Cough Drops .....	___	___
Benadryl .....	___	___

May we have permission to use:	Yes	No
Antibiotic Ointment .....	___	___
Calamine Lotion .....	___	___
Antiseptic Cream .....	___	___
Hydrocortisone Cream .....	___	___
Orajel (for dental pain) .....	___	___

Would you like to be notified BEFORE \_\_\_ AFTER \_\_\_ or NOT NECESSARY \_\_\_ if we administer medication at school?

Should Compass Classical Academy be aware of any other medical problems or restrictions?

The State of New Hampshire requires parental permission and a doctor's order for students who need an Epi-Pen, Inhaler or prescription medications while in school.

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone \_\_\_\_\_

### Permission to provide Emergency Treatment

I Hereby grant to Compass Classical Academy to administer First Aid, Epinephrine (Epi-Pen), if necessary, and secure proper emergency treatment for my child in the event a parent or legal guardian cannot be contacted.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Permission to contact student's doctor.

To confirm immunization and physical examination during the school year (August to June).

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Permission to notify the appropriate staff of necessary student health concerns.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

I have confirmed all of the above information concerning my child and will notify Compass Classical Academy immediately of any changes.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_