MBIT Middle Bucks Institute of Technology
"Preparing tomorrow's workforce today"

STUDENT HEALTH HISTORY- 2023-2024

Students will not be permitted to participate in lab activities until this form is completed and returned

Student Name_____ Home High School_____
LAST FIRST
MBIT Program _____
Grade _____
Date of Birth _____

Primary Address_____
Street Town State Zip

Primary Guardian Email Address _____

Mother/Guardian_____ Home Phone_____
Cell Phone _____
Place of Employment_____ Work Phone _____

Father/Guardian_____ Home Phone_____
Cell Phone _____
Place of Employment_____ Work Phone _____

Student lives with_____ _____
Name(s) Relationship to Student

Emergency Contacts (other than those listed above):
(List only adults over 18 years old who are available during school hours to pick your student up)

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Student's Doctor_____ Phone_____

Student's Dentist_____ Phone_____

*****PLEASE FILL OUT BACK OF FORM*****

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Student Name _____

PLEASE CHECK (√) IF THE STUDENT HAS ANY OF THE MEDICAL PROBLEMS LISTED BELOW:

☐	Asthma	☐	*Food Allergy **requiring medication**	☐	*Latex Allergy	☐	*Skin Allergy
☐	Inhaler Needed in School	☐	Hearing Problem	☐	Vision Problem	☐	Respiratory Allergy/Problem
☐	Diabetes	☐	Heart Condition	☐	Medication Allergy	☐	*Bee/Insect Sting **requiring medication** (circle which)
☐	Bleeding Disorder	☐	**Seizure Disorder	☐	Other (please explain): _____		

*If a student requires an Epi-pen one must be kept in the Health Office or on the student (with Doctor's permission), as well as a signed Medication Administration Form. An Emergency Care Plan will also be created and shared with their instructor
**Any student with a seizure disorder will have an Emergency Care Plan created and shared with their instructor

Please explain any of the above checked conditions, or any other special health problems you would like the School Nurse to be aware of_____
_____
_____

Daily Medications (including vitamins/supplements)_____
_____

Medication Dispensing Policy

All medication, both prescription and non-prescription, must be kept in the school health office. **No medication will be administered to any student without proper completion of the Medication Dispensing Form.** The form should also be used for non-prescription drugs when prescribed by a physician or dentist. Medication will be administered to students during the school hours only when such medication is needed by the student to remain in school and administration is required during school hours. All medication to be administered by school personnel must be delivered in the original prescription container along with a Medication Dispensing Form. Medication in baggies, aluminum foil, envelopes, old pill containers, or other family members' bottles is not acceptable and will not be administered.

Only medications which are absolutely necessary during the school day will be administered. Except in an emergency, no medications will be given during the first period of the day in absence of written instructions from the student's physician. The school nurse has standing orders from the school physician to administer acetaminophen (generic Tylenol), ibuprofen (generic Motrin/Advil), Tums, or Benadryl if necessary and with parental consent. Permission for medication is not valid without parent/guardian signature. Please check boxes to consent to have your child take the medications listed below:

☐Acetaminophen ☐Ibuprofen ☐Tums ☐Benadryl

If a parent/guardian can't be immediately contacted during an emergency, I understand that MBIT should attempt to secure medical attention for my child as deemed necessary. I release any staff member from liability for action taken on my behalf during a medical emergency regarding my child. I give permission for my child to be treated in the Health Office as necessary and that my child's health information may be shared with school personnel and my child's health care providers as necessary.

_____ _____

Parent/Guardian Signature Date