

2010-2011
Burr and Burton Academy
Student Health Clinic Registration

Student's Name: _____ Date of Birth: _____

Grade in school: 9 10 11 12

Student's Physician: _____ Phone: _____

Last Physical: _____ Allergies: _____

Are there any chronic physical/mental conditions to which we should be alerted?

Student Health Insurance Information

Burr and Burton Academy requires that all students have medical and/or accident insurance by the first day of school. If you have medical insurance for your child, please be sure to provide us with that information below:

Insurance Company: _____

Student's Insurance policy #: _____

If your son or daughter does not currently have medical or accident insurance, you must purchase it through the school. We have negotiated with Commercial Travelers Mutual Insurance Company (Servicing Agent: Richard J. Horan Agency) for affordable student accident insurance coverage. This policy will cover some of the costs associated with accident or injury. You may choose from among several options. The application forms contain all the information you need and they are available in the main office. Please call 362-1775 if you have questions regarding student health insurance.

Emergency Contact Information

If a parent/guardian is unreachable in the event of an emergency, please provide us with an emergency contact:

Emergency Contact Name: _____ Phone: _____

In the event of an emergency and Burr and Burton is unable to locate me, realizing that medical aid may be withheld from my child, I hereby authorize Burr and Burton Academy to seek medical aid for my child as they deem necessary and appropriate.

Parent/Guardian Signature: _____ Date _____

Parental Consent for Health Services

I give my consent for _____ to receive health care services provided by the staff of the Burr and Burton Student Health Clinic while (s)he is a student at Burr and Burton Academy. Services available at the school include but may not be limited to:

Medical Services:

- Physical exams (sports, camp, work, health maintenance/check-ups)
- Various lab tests done on site
- Hearing, vision, scoliosis, and blood pressure screenings
- First aid
- Evaluation and treatment of acute illness
- Follow-up of chronic medical problems - coordinated with student's regular medical provider
- Nutrition and weight counseling
- Smoking Cessation
- Counseling and prescriptions regarding options for pregnancy and sexual disease prevention and treatment including abstinence and contraception
- General Health education

Counseling Services:

- Counseling for school related issues and social problems
- Alcohol and drug counseling
- In-school therapeutic support in conjunction with a student's therapist, may be appropriate and/or beneficial.

I understand that every effort will be made to coordinate care given with our designated regular family doctor. Respecting that parental involvement is important, I give permission to the health clinic staff to provide confidential medical and mental healthcare upon student request. Accordingly, the staff will encourage every student to include his/her parent or guardian in medical care decisions and counseling, particularly when prescriptions are given. Parents are encouraged to visit or call the clinic at any time.

Signature _____ Date _____
Parent or Guardian

Please return to the health clinic by September 2, 2010.

Mail to:

**Burr and Burton Academy
Student Health Clinic
P.O. Box 498
Manchester, VT 05254**

OVER PLEASE » »