



Westbrook School Department
Annual Health Update

2020/2021

Please complete the following information and return it to school. This information is confidential and will assist school personnel in meeting the health needs of your student.

Child's name _____ Grade _____ Date of birth _____

Medical Provider Name: _____ Phone: _____

Current Medications: Please include all medications your child is taking.

Medication	Dose	Reason for medication

Health History:

Please list any health conditions or concerns about your child. Please do not assume we already have the information. Please include any concussion history, hospitalizations, mental health concerns, emergency care, broken bones, or illnesses.

Please check the following information as it applies to your child:

Vision:

My child wears glasses or contacts: YES _____ NO _____

Please list any vision needs at school. _____

Hearing:

My child wears hearing aids or other hearing device. YES _____ NO _____

Please list any hearing needs at school. _____

Asthma:

My child uses an inhaler: YES _____ NO _____

If YES, please have an Asthma Action Plan sent to school nurse each school year

Allergies:

My child is allergic to _____

My child has an epinephrine auto-injector (EpiPen or Auvi-Q): YES _____ NO _____

If YES to epinephrine auto-injector (EpiPen or Auvi-Q), please have Allergy Emergency Plan sent to school nurse each school year

Seizures:

My child has had a seizure: YES _____ NO _____

My child takes medication for seizures: YES _____ NO _____

If YES, please have Seizure Care Plan sent to school nurse each school year

Diabetes:

My child has diabetes: YES _____ NO _____

If YES, please have Diabetes School Orders, Hyperglycemia & Hypoglycemia Road Maps sent to school nurse each year & with each visit.

Please circle "YES" or "NO" in the column next to each medication to indicate whether you give permission for your child to be given the following medications:

Medication	Circle
Advil / Ibuprofen	YES or NO
Claritin / loratadine	YES or NO
Pepto Bismol	YES or NO
Tums / calcium carbonate	YES or NO
Tylenol / acetaminophen	YES or NO

By signing below, I give permission to share any of the above information about my child's health with school personnel for my child's ongoing safety at school. I also give permission for any school personnel to provide emergency care for my child, including calling the rescue department as needed.

Parent/Guardian Signature _____ Date _____

Parents/guardians shall be required to have their children physically examined prior to entering school and encouraged to have examinations on a schedule recommended by their health care provider. Students who wish to participate in middle school or high school athletics are required to have a physical examination and medical approval before doing so.

How to View Your Schedule in Infinite Campus

- New Site:** <https://mecloud2.infinitecampus.org/campus/westbrook.jsp>
- User name:** Students use your entire school email address
(e.g Jane Doe, Class of 2021, doeja2021@westbrook.k12.us.me)
- Password:** Same as last year (many students used their google password or password1)
- Forgot PW?:** Send an email to request a reset to - icstudentpw@westbrookschoools.org
- Parents:** Instructions will be sent in early September to help you set up your own account.
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Schedule Questions / Changes

If you have any questions or concerns please follow these steps for the quickest resolution:

- Missing a class you need, have an incorrect class, or want to add a class? Complete the form at this link: bit.ly/2xyyAXm or pick up a paper form at school. This is the fastest way to get your schedule change information to your school counselor.

Once the change has been made you will see it in Infinite Campus (IC). Most changes can be done within 24 hours. If your school counselor has questions or needs to meet with you she will email you. Please check both IC and your email.

- If you have other concerns, questions, or would like to meet, please email or call your school counselor. It is busy in the office this time of year and we would like to be sure we can be available to speak with you without interruption.

Seniors A - I & Freshmen: Ms. J. Hayes - hayesj@westbrookschoools.org

Seniors J - Z & Sophomores: Ms. D. Cloutier-Baggs - cloutier-baggs@westbrookschoools.org

Juniors - Ms. M. Smith: smithm@westbrookschoools.org

Our goal is to make sure all students have the classes they need within the first full week of school. We appreciate your support and patience as we get the school year under way.

Thank you.

K-12 Student Accident Insurance Plans

Choose from these school-approved plans . . .

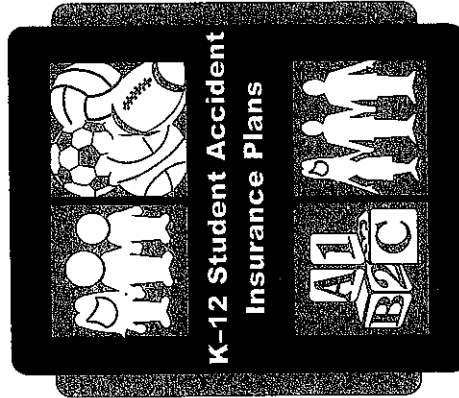
- Around-the-Clock Plan
- Schooltime-Only Plan
- Extended Dental Plan
- Football Plan

Online Access

Plan Brochure & Enrollment Form available at studentplanscenter.com

- Click Resources
- Click K-12 Brochures & Enrollment Forms
- Enter access code: 993A
- Click Submit
- Print Brochure & Enrollment form
- Complete and mail today!

If you don't have online access, please call 1-315-845-6764



UNDERWRITTEN BY:

COMMERCIAL TRAVELERS
LIFE INSURANCE COMPANY

70 Genesee Street
Utica, NY 13502

As Policy Form Series No.: In ME: CTP-7-NER (08) et al;
and in NH: CTP-7 et al

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