



Allergy Notification for Fishburne Military School

Allergy Information

Student Last Name: _____

Student First Name: _____

Current Grade: _____ Current Year: _____

Date of Birth: _____

Does your child have any allergies? _____

If yes, please list:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If allergies are severe and an Epi Pen is needed, please provide two. One for the Infirmary and one for the TAC Office.

Parent Name: _____ Date: _____
Signature of Responsible Parent/Guardian

Parent Name: _____ Date: _____
Signature of Responsible Parent/Guardian



Cadet Medical Treatment and Release of Information Form

Student Last Name: _____

Student First Name: _____

Current Grade: _____

Date of Birth: _____

The above-named cadet is enrolled at Fishburne Military School and unrestricted permission is hereby given to Fishburne Military School to, if necessary, obtain medical examination and/or treatment of any kind at the School's sole discretion.

I hereby authorize any hospital, medical facility, physician or other licensed medical practitioner to render necessary medical care and treatment, without limitation, to the cadet named above to address an illness or accident, to hospitalize, secure proper treatment, order injection and/or anesthesia and/or surgery to include but not be limited to x-rays, blood work, urinalysis, medications and other standard medical procedures.

I consent for Fishburne Military School to act in loco parentis and to grant permission for emergency treatment of any kind.

I authorize Fishburne Military School to exchange medical information with healthcare providers, without limits on the type or extent, as necessary to ensure provision of appropriate care to the cadets.

I hereby authorize any hospital, medical facility, physician, or other licensed medical practitioner to provide copies of medical records, to include any and all information and/or test results without limitation, and to share clinical information with the Fishburne Military School Infirmary Staff, School Doctor, Commandant, Deputy Commandant, Deputy Superintendent, and Superintendent or President.

I authorize Fishburne Military School Infirmary Staff to inform Fishburne Military School faculty, staff and trustees about my son's medical conditions and/or treatments that may bear on his participation and performance in Fishburne Military School's educational, military, academic, and athletic programs.

Fishburne Military School may disclose to any and all third-party payers/insurers, my son's medical, without limitations, as may be necessary to apply for and to receive payment for such treatment and/or other professional services from such Healthcare Providers.

This agreement is valid and remains in effect for the entire period that my son remains at Fishburne Military School.

By signing below, I agree that I have reviewed this information with my cadet and that we both understand.

Parent Name: _____ Date: _____
Signature of Responsible Parent/Guardian

Parent Name: _____ Date: _____
Signature of Responsible Parent/Guardian



Immunization Record

Please update your cadet's immunization record below.

If you are unable to locate the immunization record from your pediatrician or his previous school, you will need to acquire Proof of Immunity and a current tetanus booster.

Proof of immunity is performed by having a titer test administered for Measles, Mumps, Rubella, Polio, and Hepatitis B at the time of his physical.

Required immunizations

Hepatitis B – 3 doses required

DTap – 4 doses required, with the last dose given on or after the 4th birthday

Polio – 4 doses required, with the last dose given on or after the 4th birthday

MMR – 2 doses required

Varicella – 2 doses required OR physician documentation of date of disease

Tdap - 1 dose required prior to entering 6th grade

Meningococcal – Optional but **STRONGLY RECOMMENDED** since it is required for Higher Education

HPV – Optional but **STRONGLY RECOMMENDED**

Please upload your cadet's immunization record to his Blackbaud account as a miscellaneous form.

Acknowledged: _____ Date: _____
Signature of Responsible Parent or Guardian

Acknowledged: _____ Date: _____
Signature of Responsible Parent or Guardian



Insurance

Insurance Card

Please upload your insurance card showing your son as beneficiary or your eligible Military ID. You may upload it to your son's Blackbaud account as a miscellaneous form.

Acknowledged: _____ Date: _____
Signature of Responsible Parent or Guardian

Acknowledged: _____ Date: _____
Signature of Responsible Parent or Guardian



Medical Information

Mental Health/Behavioral

Please fill out the information:

From Date: _____

Description: _____

Category: _____

Insurance and Primary Healthcare Provider

Type of Insurance: _____

Primary Subscriber: _____

Insurance Company: _____

Plan Name: _____

Group Number: _____

Plan ID: _____

Insurance Notes:

Does your child have any diagnosed conditions? _____

Signature: _____ Date: _____
Responsible Parent or Guardian

Signature: _____ Date: _____
Responsible Parent or Guardian



Medications

Prescription Medications

Student's Last Name _____

Student's First Name _____

Current Grade _____ Current Year _____

Date of Birth _____

All medications provided for students must come in the original container with the prescription label attached. Medications will be placed in a weekly pillbox and parents will be notified when there are less than two weeks supply remaining.

Parents are responsible for filling all prescriptions and providing them to Fishburne (mail, delivered in person, etc). Parents may make arrangements to have their son's prescription filled locally at Fishburne Pharmacy (not affiliated with the school) (or other pharmacy service) to be delivered directly to the Fishburne Infirmary.

Please limit herbal supplements to three or less. Hemp products and foreign label products are prohibited. Gummy formed supplements are strongly discouraged and must be in the original unopened container.

I understand and agree to support the policy that Cadets are not allowed to transport medications to or from Fishburne Military School or to be in possession of medication, to include over-the counter medication, while at Fishburne Military School. Medications will be sent home with the parent during leave or furlough periods.

Does your child have any conditions? _____

Condition: _____

As of date: _____

Who needs to see this? Teacher, Counselor, Coach, Non-Teaching Staff, TAC Office, Activity Leader

Does your child take any medications? _____

Medication: _____

Located: _____

Dosage/Frequency: _____

Parent/Guardian: _____ Date: _____

Signature of Responsible Parent/Guardian

Parent/Guardian: _____ Date: _____

Signature of Responsible Parent/Guardian



Parental Authorization and Rx Medication Release

Authorization Form

Student's Last Name: _____

Student's First Name: _____

Current Grade: _____ Current Year: _____

Date of Birth: _____

I am the parent/guardian of the above-named cadet and give my permission for him to take all physician prescribed medication while at Fishburne Military School. I hereby acknowledge that I have read and understand the policies of Fishburne Military School relating to the taking of medication. I hereby release Fishburne Military School and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of Fishburne to share information regarding this medication with a licensed Healthcare provider. This authorization remains in effect for as long as my son is enrolled as a cadet at Fishburne Military School.

I understand that medications will be given only from pharmacy labeled containers with the name of the cadet, the name of the medication, the dosage and frequency to be given. School personnel will not give the medications unless these directions are followed. If there is a change in medication or the dosage of the medication, a letter from the prescriber must be given to the infirmary. Changes in medication will not be made without this letter.

I understand and agree to support the policy that Cadets are not allowed to transport medications to or from Fishburne Military School or to be in possession of medication, to include over the counter medication, while a Fishburne Military School. Parents must deliver all medications to the Infirmary. Medication will be sent home during leave or furlough periods.

Parent/Guardian: _____ Date: _____
Signature of Responsible Parent/Guardian

Parent/Guardian: _____ Date: _____
Signature of Responsible Parent/Guardian



VHSL Physical Form

Please upload your cadet's VHSL physical form. All 4 (four) pages must be attached and fully completed. Page three must be signed by a Doctor. **PHYSICALS MUST BE REPEATED ANNUALLY TO BE VALID.**

A downloadable form can be found here:

<https://www.fishburne.org/wp-content/uploads/2022/04/Physical-Examination-Form-2.pdf>

When complete, please upload the completed form to your son's account on Blackbaud as a miscellaneous form.

Acknowledged: _____ Date: _____
Signature of Responsible Parent/Guardian

Acknowledged: _____ Date: _____
Signature of Responsible Parent/Guardian



Over the Counter Medication Release

As your son is living in a communal environment and may be exposed to common minor contagions such as colds and viruses Fishburne Military School nursing staff have standing orders to assess the severity of presented symptoms and dispense the following Over-the-Counter Medications for common complaints that do not require a physician's prescription, authorization, or office visit.

Ibuprofen and Acetaminophen (Advil® and Tylenol®) for pain and headache

Pepto Bismol® and Ginger Ale for GI complaints

Cold and Flu (generic Dayquil™) for cold symptoms

Cough drops, throat lozenges and salt water gargle for sore throats

Debrox® for earwax removal

Epsom salt foot soaks

Saline drops for eye irritation. (We do not allow any "red-out" products containing atropine.)

If you would like your son to take any other OTC medications such as allergy medication, vitamins, supplements, or melatonin, you may supply it and it will be given according to the products labeled instructions. Please do not send **GUMMY FORM MEDICATIONS**, if you must please make sure they are in their original unopened containers.

Acknowledged: _____ Date: _____
Signature of Responsible Parent/Guardian

Acknowledged: _____ Date: _____
Signature of Responsible Parent/Guardian