



Dudley-Charlton Regional School District
 68 Dudley-Oxford Road
 Dudley, MA 01571

Health Services use only:
 Reviewed/Entered by: _____
 Parent Contacted: _____
 Orders on file: No Yes
 Alert entered in student information system: No Yes

STUDENT HEALTH HISTORY
 To be completed by parent/guardian

Name of Student: _____ Date of Birth: _____ Sex: Male Female

No Yes Glasses/Contacts, Date of last eye evaluation: _____

No Yes Hearing aid, Date of last hearing exam: _____

Primary Doctor (name and phone): _____

Dentist (name and phone): _____ Date of last dental visit: _____

Can take Acetaminophen (Tylenol)

Can take Ibuprofen (Advil)

Daily Medications

Written orders from a Health Care Provider is required before any prescription medication can be given at school.

No Yes Medication needed at school (list): _____

No Yes Medication needed at home (list): _____

No Yes Allergies (list): _____

Life Threatening Medical Conditions

Students with life threatening health conditions, where the condition would “put the child in danger of death during the school day”, must have medication/treatment orders AND a nursing plan in place **before** your child can attend school. Please contact your school office or school nurse for guidance.

Life Threatening Conditions (Requires Health Care Provider Orders)

Please check all that apply:

No Yes **Severe Allergic reaction to Nuts (list):** _____

No Yes **Severe Allergic reaction to Bee Stings requiring emergency medication:** _____

No Yes **Other Severe Allergies – affecting School. Specify:** _____

No Yes **Diabetes** _____

No Yes **Seizure Disorder that requires emergency medication:** _____

No Yes **Severe Asthma: regularly takes medication for asthmatic condition and/or hospitalized within the last 5 years for asthmatic condition.** _____

Health Concerns (potentially life-threatening conditions that may require Health Care Provider orders)

Please check all that apply and explain:

No Yes **Asthma: takes medication only when needed:** _____

No Yes **Seizure: Type of Seizures and date of last Seizure:** _____

No Yes **Heart Condition:** _____

No Yes **Behavioral / Emotional Concerns:** _____

No Yes **Other Health Concerns:** _____

No Yes **Any Chronic or recurring illness:** _____

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

No Yes-if yes, explain: _____

All health information is considered confidential. It may be shared with staff as needed during the time your child is enrolled in the Dudley-Charlton Regional School District in order to ensure the health and safety of your child.

Parent/Guardian signature _____ Date _____