

GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT

PRESCHOOL-KINDERGARTEN STUDENT MEDICAL HISTORY

This information will be placed on the Massachusetts School Health Record and will follow your child throughout their school years. It will be kept confidential and stored in a locked file cabinet. If any of this information changes remember to notify your child's school nurse.

If you need to speak privately with your child's school nurse, please call to schedule an appointment.

SECTION 1 - STUDENT INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ DOB: _____

Male or Female (please circle) _____ Place of Birth (City/State): _____

Street Address: _____
(street/apt #) _____ (town & state) _____ (zip) _____

Mailing Address: _____
(P.O. Box #) _____ (town & state) _____ (zip) _____

SECTION 2 - PARENT INFORMATION

Child lives with (please circle): Both Parents Mother Father Guardian

Parent #1 Full Name: _____ Relationship: _____

Phone (h): _____ (w): _____ (c): _____

Parent #1 Address: _____
(street/apt #) _____ (town & state) _____ (zip) _____

Parent #1 Employer: _____

Parent #2 Full Name: _____ Relationship: _____

Phone (h): _____ (w): _____ (c): _____

Parent #2 Address: _____
(street/apt #) _____ (town & state) _____ (zip) _____

Parent #2 Employer: _____

Alternate Emergency Contact: _____ Phone: _____

SECTION 3 - HEALTH CARE PROVIDER INFORMATION

Does your child have medical insurance? Yes No

Does your child have dental insurance? Yes No

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Dentist's Name: _____ Phone: _____

Dentist's Address: _____

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SECTION 4 - SIBLING INFORMATION

Please provide the following information about your child's siblings (use back of page if necessary):

<u>Name</u>	<u>Grade & Building</u>	<u>Significant Medical History</u>

SECTION 5 - MEDICAL INFORMATION

Was your child premature? No Yes, # of weeks gestation: _____

Were there any problems with the delivery? No Yes, please explain: _____

Birth Weight: _____ (lbs/ kg) Did he/she breathe right away? Yes No

Please explain any medical problems your child might have (or had): _____

Please list any medication your child takes, the dose, and when it is taken (including prescription, over-the-counter, herbal, vitamins, etc.): _____

Please list any allergies your child has (please be specific and explain how each allergy is managed): _____

SECTION 5 - EDUCATIONAL INFORMATION

Is your child currently on an IEP or 504 Plan? No Yes, please explain: _____

SECTION 6 – STEP PARENT INFORMATION (Not Applicable)

Child's step father's full name: _____

Address: _____ Phone: _____

Child's step mother's full name: _____

Address: _____ Phone: _____

If parents are separated, please list the parent your child does *not* live with: _____

Address: _____ Phone: _____

SECTION 6 – PARENT/GUARDIAN SIGNATURE

Date: _____ Signature: _____

Printed Name: _____ Relationship: _____

Boutwell School
78 Hollis Street
Groton, MA
Phone: 978-448-2297

Florence Roche School
342 Main Street
Groton, MA
Phone: 978-448-6665

Swallow Union School
522 Main Street
Dunstable, MA
Phone: 978-649-7281