

GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name: _____	Phone: _____
Doctor's Address: _____	
Dentist's Name: _____	Phone: _____
Dentist's Address: _____	

GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT

STUDENT MEDICAL HISTORY

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

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: _____