



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 \_\_\_\_\_