Dracut Public Schools
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: _____

SECTION 4 - SIBLING INFORMATION

Please provide the following information about your child's siblings (use additional paper if necessary):

Name	Grade & Building	Significant Medical History

SECTION 5 - MEDICAL INFORMATION

Please check all that apply to your child and explain in the space provided:

___ hearing problems (specify) ___ Left ear ___right ear ___hearing aids
___ vision problems (specify) ___ wears eyeglasses ___ contact lenses

___Heart Condition ___Diabetes ___Asthma ___Seizure Disorder ___ADD/ADHD ___Migraines
___Depression ___ Other (Specify)

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, food, insects, medication, environment, etc)
Is Epipen necessary: Yes_____ No_____ ***This must be answered if your child has ANY allergies***

SECTION 6 - EDUCATIONAL INFORMATION

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

SECTION 7 — 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 8 — PARENT/GUARDIAN SIGNATURE

Signature: DATE:

Printed Name: RELATIONSHIP:

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health & safety needs. I give permission to exchange information with my child's primary health care physician for the purpose of referral, diagnosis and treatment.

NOTE: Any medication, including over the counter medicines cannot be administered without a prescription by your child's physician. This MUST be completed EACH SCHOOL YEAR. This includes medication your child may self administer (insulin, inhalers, Epipen, etc.)

Massachusetts School Immunization Requirements for School Year 2011 - 2012*

	Child Care/Preschool[1]	Kindergarten	Grades 1-6	Grades 7-12	College[2]
Hepatitis B3	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and full-time undergraduate and graduate students
DTaP/DTP/DT/ Td/Tdap4	>4 doses DTaP/DTP	5 doses DTaP/DTP	>4 doses DTaP/DTP or > 3 doses Td	4 doses DTaP/DTP or >3 doses Td; plus 1 dose Tdap (See Phase-In Schedule)	1 dose Tdap (See Phase-In Schedule)
Polio[5]	>3 doses	4 doses	>3 doses	>3 doses	NA
Hib[6]	1 to 4 doses[6]	NA	NA	NA	NA
MMR7	1 dose	2 doses	2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	2 doses (See Phase-In Schedule)	2 doses (See Phase-In Schedule)
Varicella[8]	1 dose	2 doses	1 dose (See Phase-In Schedule)	2 doses (See Phase-In Schedule)	2 doses (See Phase-In Schedule)
Meningococcal[9,10]	NA	NA	NA[10]	1 dose for new full-time residential students[9]	1 dose for full-time residential students[9]

*These requirements also apply to all new "enterers." NA = no vaccine requirement for the grades indicated.

[1]**Child Care/Preschool:** Minimum requirements by 24 months; immunize younger children according to their age.

[2]**College:** Requirements apply to: 1) all full-time undergraduate and graduate students; 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

[3]**Hepatitis B:** 3 doses required for child care attendance and preschool entry, kindergarten- 12th grade, and college (see footnote 2 above). Laboratory proof of immunity is acceptable.

[4]**DTaP/DTP/DT/Td/Tdap:** >4 doses required for child care attendance and preschool entry; 5 doses of DTaP/DTP required for school entry unless the 4th dose is given > the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DTP. **One dose of Tdap is required for all students entering grade 7, full-time college freshmen and all health science students.** If it has been <5 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine. See Phase-In Schedule below.

[5]**Polio**: >3 doses required for child care attendance and entry into preschool. 4 doses required for school entry, unless the 3rd dose is given on or after the 4th birthday, and > 6 months following the previous dose, in which case only 3 doses are needed. Administer the final dose in the series on or after the 4th birthday and > 6 months following the previous dose. If 4 doses are administered before age 4 years, a 5th dose is recommended at age 4 - 6 years.

[6]**Hib:** Required for child care attendance and preschool entry. The number of doses is determined by vaccine product and age the series begins.

[7]**MMR:** 1 dose of MMR is required for child care attendance and preschool entry; **2 doses arerequired for kindergarten, grade 7, college freshmen and all health science students**. Laboratory proof of immunity is acceptable. **For college students, except health science students, birth before 1957 in the U.S. is also acceptable.** See Phase-In Schedule below.

[8]**Varicella:** 1 dose required for child care attendance and preschool entry; **2 doses required for kindergarten, grade 7, and college freshmen and all health science students, unless they have a reliable history of chickenpox.** A reliable history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee; or 2) laboratory proof of immunity. **Birth before 1980 in U.S. is acceptable for college students, except health science students.** See Phase-In Schedule below.

[9]**Meningococcal:** 1 dose MCV4, or a dose of MPSV4 in the last 5 years, is required for 1) newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students > 13 years) who will live in a dormitory or comparable congregate living arrangement approved by the secondary school; and 2) newly enrolled full-time undergraduate and graduate students in a degree program at a postsecondary institution (e.g., college) who will live in a dormitory or comparable congregate living arrangement approved by the institution.

Students may decline the vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. These requirements apply to newly-enrolled full-time residential students, regardless of grade and year of study.

[10]**At residential schools with lower grades:** The requirements apply to residential students in grades pre-K through 8 only if the school combines these grades in the same school with students in grades 9-12.

Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2011 - 2017

	2011	2012	2013	2014	2015	2016	2017
2 MMR and 2 Varicella	K and Grade 7 College: full-time freshmen; all health science	K-1 and 7-8 College: full-time freshmen-sophomores; all health science	K-2 and 7-9 College: full-time freshmenjuniors; all health science	K-3 and 7-10 College: full-time freshmen-seniors; all health science	K-4 and 7-11 College: full-time freshmen-graduates; all health science	K-5 and 7-12 College: full-time freshmen-graduates; all health science	K-12 College: full-time freshmen-graduates; all health science
Tdap	Grade 7 College: full-time freshmen; all health science	Grades 7-8 College: full-time freshmen-sophomores; all health science	Grades 7-9 College: full-time freshmenjuniors; all health science	Grades 7-10 College: full-time freshmen-seniors; all health science	Grades 7-11 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science