



**Annual Student Health Form**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Physical Exams and Immunizations**

**Massachusetts General Law chapter 76, 15, mandates that all students entering high school must submit a current physical examination along with documentation of immunizations.** The physical exam must be within one year prior to entrance to school or within 30 days after school entry. Please attach a copy if your child is new to Minuteman. For new students, a list of current immunizations must be submitted prior to the first day of school to prevent delays in admission.

*Please note, a physical examination is required on an annual basis prior to a student’s participation in competitive athletics.*

**Allergies**

Is your child allergic to food, medication, insect, etc.? Yes ( ) No ( )  
 If yes, is an EpiPen/Auvi-Q required for allergy? Yes ( ) No ( )  
 If yes to either of the above, please list allergen(s): \_\_\_\_\_

**Medications**

Does your child take any medication on a regular basis at home? Yes ( ) No ( )  
 If yes, please specify name of medication(s) and reason(s): \_\_\_\_\_

Will this medication need to be administered during the school day? Yes ( ) No ( )  
 If yes, please contact the health office at 781-861-6500 x7499 or nurse@minuteman.org.

**Health Information**

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health Insurance: Yes ( ) No ( ) Provider: \_\_\_\_\_

Does your child have diabetes? Yes ( ) No ( )  
 Does your child have a seizure disorder or history of seizure(s)? Yes ( ) No ( )  
 Does your child have asthma? Yes ( ) No ( )  
 If yes, is an inhaler required? Yes ( ) No ( )  
 Does your child have any physical condition that would interfere with routine physical activities at school? If yes, a note from your child’s physician will be required to be excused from physical education, shop activities, or to request use of the elevator. Yes ( ) No ( )

Please add any further information regarding physical or emotional needs that you feel are necessary to facilitate the health and well-being of your child at Minuteman: \_\_\_\_\_

If your child has a life-threatening allergy (LTA), asthma, diabetes, or seizure disorder an action/care plan will need to be submitted to the health office signed by a physician and parent/guardian. These documents can be downloaded from our website at minuteman.org. **OVER→**



# MINUTEMAN

ASPIRE ACCELERATE ACHIEVE

### Medication Permission

Please check yes as consent if you would like the nurse to administer medication during school per school physician orders:

- Acetaminophen (Tylenol) Yes ( ) No ( )
- Diphenhydramine (Benadryl)- for allergic reactions only Yes ( ) No ( )
- Ibuprofen (Motrin) Yes ( ) No ( )
- Tums (Calcium Carbonate) Yes ( ) No ( )

### Review of Nurse’s Office Website

We ask that you review our Nurse’s Office website annually. Information regarding Medication Administration, Field Trip/Offsite Project, Action Plans, Screenings, Immunizations and other resources are updated on our website. Please go to minuteman.org and these pages can be found under “Departments” in the “Nurse’s Office” section. All required health forms can be downloaded from the nurse’s website.

### Release of Information

In order for the nurses to obtain information such as immunizations or physical exams from your child’s physician or previous school, please sign below. This signature will serve as consent for your child’s physician or previous school to fax this information to the nurse’s confidential fax line.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**By signing below, I acknowledge that the information I have provided is accurate and I have reviewed the “Nurse’s Office” website at minuteman.org.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dear Parents/Guardians,

We thank you for taking the time to complete this annual form. The information provided will help us to best care for your child in school. If have any questions or there are any changes to your child’s health during the school year that you would like us to be aware of please do not hesitate to contact us.

Sincerely,  
Minuteman Nurses  
Sarah Bolduc, RN and Kate Gamache, LPN

T: 781-861-6500 x7499      F: 781-861-3421      E: nurse@minuteman.org

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**Non-Discrimination:** Minuteman Regional Vocational Technical School District does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, or gender identity in its programs or activities, including its admissions and employment practices. The School District does not tolerate harassment or discrimination. An individual has been designated to coordinate compliance under Title IX and Section 504 and may be contacted through the Superintendent’s Office, 758 Marrett Road, Lexington, MA 02421, (781) 861-6500, ext. 7360.

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