



Annual Health Form

Student Name: _____ **Date of Birth:** _____ **Grade:** _____
Gender Assigned at Birth: _____ **Current Gender Identity:** _____ **Preferred Pronouns:** _____

Physical Exams and Immunizations

Massachusetts General Law chapter 76, 15, mandates that all students entering high school 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.

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 nurse@minuteman.org.

A Minuteman [Medication Permission Form](#) will be required along with a scheduled appointment to meet with the nurse for medication drop off.

Health Information

Physician's Name: _____ Phone: _____
 Health Insurance: Yes () No () Provider: _____
 Subscriber name: _____ ID#: _____

Is your child allergic to food, medication, insect, etc.? Yes () No ()

If yes, is an EpiPen/Auvi-Q required for the allergy? Yes () No ()

If yes to either of the above, please list allergen(s): _____

An [Allergy Action Plan](#) will be required annually for students with a life-threatening allergy

Does your child have diabetes? Yes () No ()

If yes, diabetes orders from your child's health care provider will be required annually

Does your child have a seizure disorder or history of seizure(s)? Yes () No ()

If yes, a [Seizure Safety Plan](#) will be required from your child's health care provider annually

Does your child have asthma? Yes () No ()

If yes, is an inhaler required? Yes () No ()

If yes, an [Asthma Safety Plan](#) will be required from your child's health care provider annually

If your child has a life-threatening allergy (LTA), asthma, diabetes, or seizure disorder a safety plan will need to be submitted annually to the health office signed by a physician and parent/guardian.

Does your child have any physical condition that would interfere with routine physical activities at school? If yes, documentation 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 that you feel is necessary for the nurses to know: _____

Medication Permission

The following can be administered as needed during school hours per school physician orders:

- Acetaminophen (Tylenol) Yes () No ()
- Ibuprofen (Motrin) Yes () No ()
- Tums (Calcium Carbonate) Yes () No ()

**Hand sanitizer will be available to students throughout the building. Please discuss with your child this availability. If you would prefer that they not use the hand sanitizer, they can opt for hand washing with soap and water.*

Review of Nurse's Office Website

We ask that you review our [Nurse's Office](#) website annually. All required health, safety, and medication forms can be downloaded from this website.

Release of Information

The signature below will serve as consent for your child's current medical provider(s) or previous school to communicate with health office staff regarding information such as physical exams, immunizations, and other pertinent health information.

By signing below, I acknowledge that the information I have provided on this form is accurate:

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Email: _____

Parent/Guardian Phone: _____

Health Office Contact Information

Sarah Bolduc BSN, RN and Annie Quill RN

E: nurse@minuteman.org

T: 781-918-6755

F: 781-861-3421