CANTON PUBLIC SCHOOLS *HEALTH SERVICES*

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June, 2010

Dear Parents/Guardians of students entering Grade 4,

Students who will enter grade 4 in September 2010 need to have a **physical examination** (done by your child's primary care provider). This information will become part of your child's permanent school health record. **Physicals dated from September 2009 to present are acceptable.**

Please send a copy of your child's most recent physical examination to the health office. In addition to the physical, we would like you to also complete the enclosed health history. This serves to further update your child's health record.

Massachusetts General Law and Canton School Policy mandate exclusion from school for students who are not in compliance. Any 4th grader who is does not submit a physical by October 1, 2010 will be excluded from school.

Thank you for your anticipated cooperation.

Sincerely,

Susan Rogers
School Nurse
Kennedy School
(781) 821-5080 x102

Jane Thornton
School Nurse
Hansen School
(781) 821-5085 x102

June Warren
School Nurse
Luce School
(781) 821-5075 x109

Policy can be viewed at: http://www.cantonma.org/health/documents/physicalexam.pdf

Canton Public Schools – Health History

Name of Student: ____

Date of Birth: ___/___/______ Male ____ Female ____ Grade: ____________ Place of Birth: ______________________

Birth History

Full Term (over 37 weeks): ______________________________

Pre Term (# of weeks gestation): ________________________

Early Intervention? Yes ☐ No ☐

Developmental Delays: Did your child have any significant developmental delays (crawling, walking, talking)? Yes ☐ No ☐

When? ____

What happened? __________________________________

____

Allergies: Does your child have any significant allergies (latex, medication, environmental)? Yes ☐ No ☐

Has your child ever been stung by a bee or insect? Yes ☐No ☐

When? ____

What happened? __________________________________

Are there any foods your child should not eat or is allergic to:

What: ____

Reason: ____

Has your child ever had al allergic reaction to any medication?

Name of medication: ______________________________

What happened? __________________________________

Medication: Is your child taking any medication on a regular basis at home or in school? Yes ☐ No ☐

Name of medications: _____________________________

For what reason? _________________________________

____

____

Will medication be needed at school or on a field trip? Yes ☐ No ☐

Which medications? _______________________________

Has your child had any:

Operations	Yes ☐ No ☐	Serious accidents	Yes ☐ No ☐
Fractured bones	Yes ☐ No ☐	Serious head injury	Yes ☐ No ☐
Hospitalizations	Yes ☐ No ☐	Concussion	Yes ☐ No ☐

Please give dates/details: ___________________________

____

____

Does your child have a history of:

Asthma/Wheezing	Yes ☐ No ☐
Bleeding disorder	Yes ☐ No ☐
Bone or joint disease	Yes ☐ No ☐
Chicken Pox or Shingles	Yes ☐ No ☐
Diabetes	Yes ☐ No ☐
Depression	Yes ☐ No ☐
Frequent nosebleeds	Yes ☐ No ☐
Headaches:	Yes ☐ No ☐
Chronic	Yes ☐ No ☐
Migraine	Yes ☐ No ☐
Hearing difficulties	Yes ☐ No ☐
Heart conditions	Yes ☐ No ☐
High blood pressure	Yes ☐ No ☐
Skin problems	Yes ☐ No ☐
Stomach/Bowel problems	Yes ☐ No ☐
Scoliosis	Yes ☐ No ☐
Seizure Disorder	
Last Seizure? ________________	Yes ☐ No ☐
Seizures with fever	Yes ☐ No ☐
Visual problems	Yes ☐ No ☐
Urinary problems	Yes ☐ No ☐
Weight concerns (obesity, eating disorder)	Yes ☐ No ☐
Other	Yes ☐ No ☐

Does your child use any of these aids?

Contact lenses	Yes ☐ No ☐	Eye glasses	Yes ☐ No ☐
Hearing aid	Yes ☐ No ☐	Tubes in ears	Yes ☐ No ☐
Crutches	Yes ☐ No ☐	Wheelchair	Yes ☐ No ☐
Brace for arm or leg	Yes ☐ No ☐		
Palate expander	Yes ☐ No ☐		
Orthodontic braces/retainer	Yes ☐ No ☐		

Other, please specify:

____

I give health personal permission to share relevant medical information with school staff, emergency medical personnel and my child's physician.

____

Parent/Guardian Signature Date

Rev. 12/15/08

Please call the school nurse to discuss any of the above information or to ask questions. If needed, use the reverse side of the paper to make additional comments.