



**Annual Health Form 2022-2023**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last) (First) (MI)

**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 McCann. **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 413-663-5383 x108 or [mkaiser@mccanntech.org](mailto:mkaiser@mccanntech.org).**

*A McCann 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, insects, 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 an action/safety plan will need to be submitted to the health office signed by a physician and parent/guardian. These documents can be found from our Health Forms @ [www.mccanntech.org](http://www.mccanntech.org).**

**OVER→**



Northern Berkshire Vocational Regional School District

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 a wheelchair. Yes ( ) No ( )

Please add any further information that you feel is necessary for the nurse to know to facilitate the health and well-being of your child at McCann:

\_\_\_\_\_

\_\_\_\_\_

By signing below, you grant permission for the above information to be accessible to the following: School nurse, your child's teacher, office manager, personnel responsible for health room coverage and emergency medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Permission**

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

- Acetaminophen (Tylenol) Yes ( ) No ( )
- Ibuprofen (Motrin) Yes ( ) No ( )
- Tums (Calcium Carbonate) Yes ( ) No ( )
- Loratadine (Claritin) Yes ( ) No ( )
- Cough drops Yes ( ) No ( )
- Hydrocortisone cream Yes ( ) No ( )
- Benadryl Yes ( ) No ( )
- Triple antibiotic ointment 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*

**Emergency Contact (other than parent/guardian)**

#1: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#2: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_