

Hoosac Valley Regional School District

**191 CHURCH STREET
CHESHIRE, MA 01225
(413) 743-2939**

Perseverance Respect Integrity Diversity Empathy

MEDICAL QUESTIONNAIRE

Welcome to Hoosac Valley Elementary School! My name is Ashley Allard, the full time nurse at Hoosac Valley Elementary School. Trusting someone to care for your child while they are away from you can be a distressing situation. I am hoping to relieve some of your concerns by taking a moment to fill out the questionnaire below to help me better understand the needs of your child. Please Note: A more in depth medical questionnaire will be sent home with your child the first day of school.

Student's Name: _____

Grade Level: _____

Does your student have any allergies? Please indicate below yes or no. If yes, please explain.

Does your student have any medical conditions that will require monitoring or invention during the school day? Please indicate below yes or no. If yes, please explain.

Does your student require any medication while attending school? (Examples: inhaler, EPI-PEN, emergency rescue medications, ADHD medication) Please indicate below yes or no. If yes, please explain.

Parent/Guardian Signature

Date

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