

Boylston Elementary School
Boylston, Massachusetts



Cynthia Sykes
Principal
csykes@bbrsd.org

200 Sewall Street
Boylston, MA 01505
(508) 869-2200

2025 – 2026 School Year

Dear Parent or Guardian:

Welcome to Boylston Elementary School! Below is a list of health information needed prior to the start of the first day of Kindergarten for the upcoming 2025-26 school year. This information will help the Health Office provide for the health and well being of your child while at school. Per Massachusetts law, no child may begin school until a physician's certificate of immunization, a physical exam, vision and hearing test, and lead test result are received by the school.

Immunization requirements effective for Kindergarten entry in September 2025 include:

HIB	4 doses
Hepatitis B	3 doses
DPT	5 doses (4 doses if last was after 4 th birthday)
Polio	4 doses (3 doses if last was after 4 th birthday)
MMR	2 doses
Varicella Vaccine	2 doses OR Chicken Pox verification
LEAD	Any lead result since birth is acceptable

*Immunization exemptions are made only for substantiated medical and/or religious reasons.

Children need to have a current physical exam dated within one year of the start of the 2025 school year. Students will need to have this in order for them to start on the first day of school. If your child is due for a physical and you do not have an appointment scheduled yet, please make one as soon as possible with your doctor.

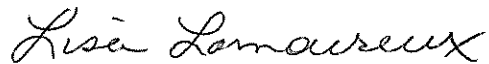
Hearing and vision screening will **not** be done at Kindergarten Registration. When the hearing and vision screening are done at the doctor's office, please make sure the results are noted on the physical exam.

If your child has a food or other life threatening allergy, please include a copy of their allergy care plan as well as physician's orders for any medication that would need to be administered. Any other medications your child will be taking during the school day requires a physician's order along with the medication brought in by a parent/guardian on the first day of school.

If you have any questions or concerns about the above information or your child's medical history, please do not hesitate to reach out.

Looking forward to meeting you all!

With Kindness,

A handwritten signature in cursive script that reads "Lisa Lamoureux".

Lisa Lamoureux MSN RN, School Nurse
Health Office phone # 508-869-2209
Health Office Nurse fax # 508-869-1900
llamoureux@bbrsd.org

Boylston Elementary School

Policy Re: Administration of Medication in School

1. The nurse is in the building from 8:15 A.M. to 3:00 P.M. and any medication should be administered during those hours.
2. Parents or guardians must:
 - a. Present a written request signed by a physician, dentist, nurse practitioner or physician's assistant.
 - b. Present a written consent form signed by a parent or legal guardian.
 - c. Bring in the medication in the original prescription bottle properly labeled.
 - d. Medications must be transported to and from the school by the parent or guardian.

Includes "over-the-counter" medication.

MEDICATION ADMINISTRATION REQUEST FORM

Name of Student: _____ Date of Birth _____

School: _____ Grade _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication: _____

Specific time(s) and dose(s) to be given at school _____

Length of time _____

Are there any restrictions: ____ yes ____ no If yes, what and how long? _____

DATE: _____

Printed Name of Physician

Signature of Physician

TO BE COMPLETED BY PARENT/GUARDIAN

I, _____, give permission for my child to receive the above medication as directed.

Date

Parent/Guardian's Signature

Telephone: _____