



LYNNFIELD PUBLIC SCHOOLS
525 Salem Street
Lynnfield, MA 01940

Health Information for Incoming Preschool Students

Welcome to the Lynnfield Public Schools. Our Health Services department invites you to partner with your school nurse in order to promote an optimal educational opportunity for your child that is supported by a coordinated and comprehensive school health program.

All students entering school in Massachusetts are required to comply with the statutes governing physical examinations and immunizations. (Commonwealth of Massachusetts M.G.L. c.71, s.57 and related amendments 105 CMR 200.000-200.920).

Requirements for Preschool Entry for 2021-2022

A **Health Record form** from your child's pediatrician dated within 12 months prior to their entrance into school including the **administration dates** for the following vaccines, as well as the results of a **lead screening**.

Vaccine Name	Required Doses
Hepatitis B	3
DTaP/DPT/DT/Td	3
Polio	≥3
Hib	≥3
MMR	1
Varicella ³	1

³ Physician verification of chicken pox disease or serologic proof of immunity is acceptable.

Students who do not have the necessary immunizations and screening shall not be admitted to school.

If your child has any special health care needs including the administration of medications or procedures that are prescribed during the school day, please arrange to meet with your school nurse at the beginning of the school year.

I look forward to meeting you and your child.

Chris Sheils BSN, RN, M.Ed., NCSN, HN-BC
Preschool / Summer Street School Nurse
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781-334-7222

Health History

Student Name _____ Date of Birth _____ Grade _____

Student's Health Care Provider _____

Address _____

Phone _____

Name of Medical Insurance Provider: _____ Insurance # _____

Student's Dentist _____

Address _____

Phone _____

Birth/Early Childhood Information	Yes	No	If YES, please describe in detail
Was the child premature? If yes, please indicate gestational age and birth weight			
Was there anything unusual about this pregnancy, labor or delivery?			
Did the child have any difficulty at birth or shortly after birth?			
Trouble reaching milestones			

Medications	Yes	No	If YES, please list
Does your child take any prescription medications?			
Does your child take over the counter medications on a regular basis?			

Medical Information	Yes	No	If YES, please describe in detail
Allergies (foods, insects, medications, latex)			
Foods to avoid for health or religious reasons			
Communicable Disease (eg. COVID19, strep throat, flu)			
Endocrine (e.g. diabetes, hormone disorder)			
Vision (e.g. vision difficulties, glasses)			
Hearing (e.g. hearing difficulties, infections)			
Nose, Mouth, Throat (e.g. frequent nosebleeds)			
Respiratory (e.g. asthma, pneumonia, chronic cough)			
Cardiac (e.g. congenital heart defect, heart murmur, restrictions)			
Gastrointestinal (e.g. reflux, food intolerance, constipation)			
Urinary (e.g. wetting problems, kidney/bladder problems, difficulty urinating)			
Orthopedic (e.g. scoliosis, decreased strength/movement, joint pain)			
Neurological (e.g. seizures, headaches, concussion, head injury, tics, tremors)			
Blood (e.g. bleeding disorder, anemia)			
Does your child have any other medical condition or receive medical treatment(s) on a regular basis?			
Does your child have any limitations or restrictions that may affect them at school?			
Has your child ever had surgery? (reason, age)			
Has your child ever had a serious accident?			
Has your child ever been hospitalized? (reason, age, duration)			
Developmental (e.g. autism, cognitive/language issue, social skills, gross/fine motor skills)			
Behavioral (e.g. anxiety, depression)			

Other Information	Yes	No	If YES, please describe in detail
Is there other information regarding your child that you would like to share with the school nurse?			

The information above is correct to the best of my knowledge.

Please type your name here: _____ Date: _____

By typing your name in the box above, you acknowledge that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.