

BELMONT PUBLIC SCHOOLS

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Dear Parent/Guardian,

One of the requirements of admission to the Belmont Public Schools is that all children have a complete and current physical examination, as well as a complete and up-to-date immunization history (the dates must include the month, day, and year of each immunization). Please also complete and return to your school, the Student Health History which can be found at the end of this letter.

Documentation of immunizations and a physical examination taken within one year are required at the time of registration. Your child's registration will not be complete until this information is provided.

Please contact your child's school nurse (or see the district website) for further information.

Sincerely, John P. Phelan
Superintendent of Schools

**BELMONT PUBLIC SCHOOLS
STUDENT HEALTH HISTORY**

Dear Parent/Guardian:

We would like your child to gain the most from his/her school experience. Please fill out this brief health history form on your child. This information will help the school nurse to better understand your child and assist in the transition into school life. Please complete this form and return it with a copy of your child's most recent physical exam and vaccinations.

Student Name _____ BirthDate _____

1. Please list your child's local pediatrician: _____

Dentist: _____

2. Was there anything about the pregnancy with your child? _____

Weight at birth: _____ lbs. _____ oz. Was your child adopted? _____

3. Has your child ever required medical attention for a serious illness or accident? _____

If yes, what was the nature of the illness or accident and when did it occur?

4. Does your child have any of the following conditions?

Asthma _____

Allergies _____

Diabetes _____

ADD/ADHD _____

Seizure Disorders _____

Bleeding disorder _____

Heart Disease _____

If you have checked any of the above, please explain: _____

5. Does your child have any other medical conditions? _____

6. Is your child presently on any medication? If yes, please explain. _____

7. Does your child have any allergies? _____

8. Will your child need any medication during the school day? If so, please list.

9. Does your child take medication routinely at home? If so, please list.

10. Has your child ever been hospitalized? _____ If so, please explain: _____

11. Has your child ever had surgery? _____ Date of surgery: _____

Reason for surgery: _____

12. Do you have concerns about your child's vision or hearing? _____

13. Do you have other children that have been diagnosed with a chronic illness?

14. Is there anything you would like us to know about your child's mental or physical health?

15. Would you like information about Mass-Health? This is a provider of free or low cost health insurance. _____

Parent/Guardian Signature _____

Date _____

If your child has a chronic health condition that will require further conversation, please call the school nurse to schedule a meeting.