

**REGISTRATION AND SUPPLEMENTARY HEALTH FORM**

All students admitted into the Freetown-Lakeville Public Schools must be in complete compliance with the Massachusetts Immunization Law, which requires proof of immunization against diphtheria, tetanus, pertussis, poliomyelitis, mumps, rubella, Hepatitis B, and chicken pox.

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent(s)/Guardian with whom student resides \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons who have agreed to care for and/or transport your child when parent or guardian can not be reached. Names of siblings should be included if they will be providing transportation. Non-family students are excluding from transporting other students.

**Please provide at least one alternate person's name.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is your child allergic to any foods, to any medications, or to bee, hornet, or wasp stings? \_\_\_\_\_

What type of reaction? \_\_\_\_\_ Breathing Problem \_\_\_\_\_ Local Reaction

**If yes, what is the prescribed treatment?** \_\_\_\_\_

Does your child have any special medical concerns or is he/she under the care of a physician? \_\_\_\_\_ Explain \_\_\_\_\_

Does your child need medication during the school day, or is he/she on any type of medication or is he/she using an inhaler?

Explain \_\_\_\_\_

Per Massachusetts state law, no medication (prescription or over the counter) can be administered to a student by the nurse or carried in school by a student without a written health care provider's order and written parental consent. Appropriate forms are available from the nurse and the school's website.

Does your child have any known physical handicaps, such as hearing loss, eyeglasses required, etc.? If so please explain: \_\_\_\_\_

Does your child need front seating for any reason? \_\_\_\_\_

I have read and understand the above, and I give the Freetown-Lakeville Middle School permission to share this information with appropriate school or emergency personnel.

\_\_\_\_\_  
Signature of Parent/Guardian