



## Annual Student Medical Paperwork Chart

Dear Parents and Guardians,

The chart below will help you understand the medical paperwork that must be submitted for your child prior to the start of the academic year.

All paperwork can be mailed to the Main Office or submitted electronically as a PDF to the School Nurse at [nurse@bisboston.org](mailto:nurse@bisboston.org).

**If your child has a life-threatening allergy, asthma, diabetes or any other medical condition, please contact the school nurse ([nurse@bisboston.org](mailto:nurse@bisboston.org)) and your child's class teacher to create a school safety plan.**

Kind Regards,  
The Main Office

| FORM TITLE   | REQUIREMENTS   |
|--|--|
| <b>MA Physical Examination Form</b>                              | <b><u>New students</u></b> – <b>Mandatory</b> within 30 days of starting, must be from the past 12 months<br><b><u>Returning students</u></b> – <b>Mandatory</b> ; new exam needed every 12 months<br><b>Your child will NOT be able to participate in sports, PE and overnight trips unless a current physical examination form has been submitted to the nurse prior to the start of school.</b> |
| <b>MA Immunization Requirements</b>                              | <b><u>New students</u></b> – <b>Mandatory</b> prior to first day of school<br><b><u>Returning students</u></b> – <b>Mandatory</b> ; required after receipt of any vaccine/booster  |
| <b>Annual Student Emergency Contacts and Health History Form</b> | <b>Mandatory</b> – at start of each new school year for ALL students. <i>Requires parent signature.</i>  |
| <b>Consent for Administration of OTC Medications</b>             | <b>If applicable</b> – <b>must be completed at start of each new school year.</b> <i>Requires parent signature.</i>  |
| <b>Prescribed Medication Order</b>                               | <b>If applicable</b> – <b>must be completed at start of each new school year.</b> <i>Requires healthcare provider signature and parent signature.</i>  |
| <b>MA Asthma Action Plan</b>                                     | <b>If applicable</b> – required for all students with an inhaler at school, <i>in addition to Prescribed Medication Order.</i> <b>Must be completed at start of each new school year.</b> <i>Requires healthcare provider signature and parent signature.</i>  |
| <b>Allergy and Anaphylaxis Emergency Care Plan</b>               | <b>If applicable</b> – required for all students with an Epi-pen/Auvi-Q at school, <i>in addition to Prescribed Medication Order.</i> <b>Must be completed at start of each new school year.</b> <i>Requires healthcare provider signature and parent signature.</i>   |

**Miscellaneous Health Care/Emergency Care Plan**

**If applicable** – required for students with certain health conditions. Please contact the School Nurse for more information. **Must be completed at start of each new school year.** *Requires healthcare provider signature and parent signature.*

**If we do not receive the necessary medical paperwork prior to the start of school, the student may not be allowed to attend until the paperwork is submitted.**