

Boylston Elementary School
Boylston, Massachusetts



Dawn Marie Ayles
Principal
DMAyles@bbrsd.org

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

2023 – 2024 School Year

Dear Parent or Guardian:

Welcome to Boylston Elementary School! Enclosed is a form that asks for information necessary in providing for the health and well being of your child while at school.

By law, no child may enter school until a physician's certificate of immunization, a physical examination record, and lead test result are received by the school. Any lead result since birth is acceptable.

Immunization requirements effective for Kindergarten entry in September 2023 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
Chicken Pox verification or Varicella Vaccine	2 doses

Exemptions are made only for substantiated medical reasons.

Children need to have a physical exam on or after January 1, 2023. Please have the physician fill out the MA School Health Form with the required immunization records and the results of your child's exam, so it can be received before the start of school. If you have not set up an appointment yet, please make one immediately with your doctor. Some insurance companies do not pay for a physical exam if it hasn't been a year since the last one. In that case, please ask for a letter stating the date of the upcoming scheduled physical and pass that letter in to me. However, be sure to make an appointment as soon as possible for any immunizations that are required.

Hearing and vision screening will **not** be done at Kindergarten Registration. When the hearing and vision screening are done at the doctor's office (after January 1, 2023), please make sure the results are noted on the physical exam. Otherwise, you may have these screenings at Boylston Elementary School (by appointment) in March 2023 in the Health Office.

If your child has a food allergy, or other life threatening allergy, please include a copy of their allergy care plan as well as doctors orders for any medication that would need to be administered.

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,

Hillary Threlkeld BSN RN, School Nurse

Health Office phone # 508-869-2209 Health Office Nurse fax # 508-869-1900

hthrelkeld@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: _____