CENTRAL BERKSHIRE REGIONAL SCHOOL DISTRICT
254 Hinsdale Road, Dalton, MA 01226
Phone 413-684-0320

This form is a confidential document required upon entering
the Central Berkshire Regional School District.
Please inform the school nurse of any changes in your child's health history during the school year.

Kellie Jean Galliher BSN, RN, NCSN
District Lead Nurse
Beckett Washington
Sarah Maher BSN, RN
School Nurse
Craneville
Melissa Skidmore BSN, RN
School Nurse
Kittridge

HEALTH HISTORY/INTAKE FORM

Student Name:	
Preferred Name:	
School:	
Grade:	
Parent/Caretaker(s): Best contact phone#	
Primary Language spoken at home:	
Pediatrician:	
Specialist(s) *if applicable*:	
Allergies: *foods, medications, latex, bees/insects, cold, other*	
Medications/supplements: *over the counter and prescription*	
Chronic medical conditions: *please check if applicable*	☐ Asthma ☐ Diabetes ☐ Life Threatening allergy (carries an EpiPen) ☐ Seizures/epilepsy ☐ Known Hearing/Vision impairments: ☐ Other (*ex: heart condition, bleeding disorder, frequent headaches, ADHD/mental health concerns*): _____

Toileting: *please check the most appropriate*	☐ Independent in restroom ☐ Requires full assistance (wears diapers/pull ups) ☐ Requires some assistance (please describe): ☐ Other:
Does your child have any special dietary needs?	☐ No ☐ Yes (please describe):
Do you anticipate any needs upon your child entering school?	☐ No ☐ Yes (please describe):
Is your child covered by health insurance?	☐ No ☐ Yes
Would you like information about State health insurance?	☐ No ☐ Yes
Is your child seen by a dentist?	☐ No ☐ Yes
Would you like information about pediatric dentists?	☐ No ☐ Yes
Is there anything else that we should know about your child? *please describe in detail*	