



872 South Street
Barre MA 01005
Phone: 978-355-4668
Fax: 978-355-6756
Web: www.qrsd.org

MEDICAL QUESTIONNAIRE

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Please answer all of the questions as best as possible. Thank you for your cooperation.

PERSONAL DATA

Student's Full Name _____
(First) (Middle) (Last)

Place of Birth _____ Date of Birth _____

Gender _____ Language spoken at home _____

Primary Care Physician _____ Phone _____

Address: _____

Parent/Guardian #1 _____ Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

Parent/Guardian #2 _____ Home Phone _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

(If the same as above write same)

Does child live with parents? _____yes _____no If not, with whom?

Name _____ Relationship _____

Address _____ Phone _____

DEVELOPMENTAL HISTORY

1. Were there any complications during your pregnancy? _____yes _____no
If yes, please explain: _____

2. Were there any complications during labor/delivery? _____yes _____no
If yes, please explain: _____

3. What was your child's weight at birth? _____



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SPECIAL CONCERNS

1. Does your child take medication regularly? Yes No
If yes, please list the medication(s) and why taken _____

Will this medication need to be administered at school? _____

2. Does your child have any allergies? Yes No
If yes, please explain:
a. What triggers the allergy (i.e. food, environment, insects)? _____
b. What symptoms does your child have? _____

c. What needs to be done to adequately care for him/her? _____

3. Does your child wear glasses? Yes No
If yes, part-time or full-time? _____

Does your child wear/use hearing devices? Yes No

Is preferential seating needed due to visual/hearing difficulties? Yes No

If yes, please explain: _____

4. Do you have any other special concerns, past or present, regarding your child's health that have not already been mentioned? If so please explain: _____

In order to provide the best care for children with serious health needs such as diabetes, asthma, seizure disorders, allergies, etc., I need to have your permission to share necessary medical information with the staff members who will be responsible for your child while he/she is here at school.

Yes, you have my permission No, you do not have my permission

Parent/Guardian Signature _____