

**KENNEDY DAY SCHOOL PROGRAM**  
*Franciscan Children's*  
30 Warren St., Boston MA 02135  
tel. 617 254-3800 fax: 617 779-1639 email: KDSnurses@franciscanchildrens.org

**STUDENT HEALTH INFORMATION**

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Allergies** (include type of reaction): \_\_\_\_\_

EpiPen? Yes \_\_\_ No \_\_\_

Emergency Seizure Medication? Yes \_\_\_ No \_\_\_ If yes; Medication Name \_\_\_\_\_

**Please list ALL current medications (including those given at home)**

ALL medications that are to be administered by KDS nursing need a new MD order each school year. (See med order form)

Medication	Dosage	Time(s) given

**Diet**

**Food:** Regular \_\_\_ Ground \_\_\_ Pureed \_\_\_ Other: \_\_\_\_\_

**Liquids:** Regular \_\_\_ Nectar thick \_\_\_ Honey thick \_\_\_ Other: \_\_\_\_\_

**Tube feeding:** G tube \_\_\_ J tube \_\_\_

Formula Name: \_\_\_\_\_

Feed Rate: \_\_\_\_\_

Schedule at school \_\_\_\_\_

Feeds: \_\_\_\_\_

Water: \_\_\_\_\_

Please provide any additional instructions related to your child's feeding schedule. Please remember Wednesdays are early dismissal.

Dietary restrictions/instructions: \_\_\_\_\_

**Health Information** (Including treatments, precautions, etc.)

Other health information we should know: \_\_\_\_\_

**Date of most recent dental exam:** \_\_\_\_\_

Massachusetts Special Education regulations require that each student have a dental examination yearly, with any results and recommendations sent to the school.