



# Bristol County Agricultural High School

135 Center Street, Dighton, MA 02715  
Phone 508-669-6744, Ext. 115 Fax 508-669-4079

Dear Parent/Guardian,

On Tuesday, August 13, 2019, at 8:30 am, Dr. George Gagne, our School Physician, will be giving physical exams to those students who need to update their physicals if they plan on participating in the school's athletic program this year. Please be reminded that physicals are only valid for 13 months.

Dr. Gagne will also give physicals to any freshmen who need to fulfill their admission requirement to Bristol Aggie and do not have a physician of their own.

There is no charge to you for this service. If you wish to have the school physical, please sign the permission form and return it to the Health Office by Friday, August 2, 2019. Physicals will only be given to those students who have returned a signed permission form.

Sincerely,

Christine Courville RN  
[CCourville@bcahs.com](mailto:CCourville@bcahs.com)

BRISTOL COUNTY AGRICULTURAL HIGH SCHOOL  
HEALTH OFFICE  
PHYSICAL EXAM PERMISSION FORM

I give permission for Dr. George Gagne to give a physical exam to my child on Tuesday, August 13, 2019 at 8:30 am. The physicals will be given in the Health Office.

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Check all that apply: Incoming Freshman \_\_\_\_\_

Athletic Program: Cross Country \_\_\_\_\_ Volleyball \_\_\_\_\_

Basketball \_\_\_\_\_ Wrestling \_\_\_\_\_ Softball \_\_\_\_\_

Baseball \_\_\_\_\_ Soccer \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**This form must be signed with the parent/guardian signature and returned to the Health Office by Friday, August 2, 2019.**

**Please answer the following questions about your child.**

- 1) Have you ever been told that your child has a heart murmur, high blood pressure, or any other heart problem? \_\_\_\_\_
- 2) Does your child have any allergies to foods, medications, animals, or plants? \_\_\_\_\_
- 3) Do they require an EpiPen for any reaction? \_\_\_\_\_
- 4) Is your child presently taking any medication, and if so, what is it and why? \_\_\_\_\_
- 5) Does your child have an allergy to bees? \_\_\_\_\_
- 6) Do they require an EpiPen if stung by a bee? \_\_\_\_\_
- 7) Please list any medical conditions that your child may have: \_\_\_\_\_  
\_\_\_\_\_
- 8) Do you wish Dr. Gagne to write a medication order so that your child may receive Tylenol or Advil during the school day if needed? And if so, which medication would you prefer? \_\_\_\_\_