

**BLESSED SACRAMENT SCHOOL  
HEALTH HISTORY**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade/Homeroom: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Last Dental Examination: \_\_\_\_\_

Physician's Name and Phone number \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Does your child have:

- Allergies: \_\_\_\_\_  
\_\_\_\_\_
- Asthma/Wheezing \_\_\_\_\_
- Respiratory Infection \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Seizure Disorder \_\_\_\_\_  
Last seizure: \_\_\_\_\_
- Heart Condition \_\_\_\_\_
- Hearing Problem \_\_\_\_\_
- Visual Problems \_\_\_\_\_
- Skin Problems \_\_\_\_\_
- Stomach/GI Problems \_\_\_\_\_
- Frequent Nose Bleeds \_\_\_\_\_
- Bleeding Disorder \_\_\_\_\_
- Headaches \_\_\_\_\_
  - Migraine \_\_\_\_\_
  - Chronic \_\_\_\_\_
- Neurological Problems \_\_\_\_\_

Has your child had:

- Serious Accidents
- Fractured Bones
- Serious Head Injuries
- Hospitalizations
- Operations
- Chicken Pox

Please provide details/dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child use any of these aids:

- Eyeglasses
- Contact Lenses
- Hearing Aid
- Dental Appliance
- Other \_\_\_\_\_

Has your child ever been stung by a bee?

Yes  No

Describe reaction: \_\_\_\_\_  
\_\_\_\_\_

Are there any foods your child should not eat?

Yes  No \_\_\_\_\_

What foods? \_\_\_\_\_

Reason: \_\_\_\_\_

Does your child take a **daily** medication?

Yes  No \_\_\_\_\_

**Name** of medication \_\_\_\_\_

**Dose and time** taken \_\_\_\_\_

Does your child take medication on an **as needed** basis?

Yes  No \_\_\_\_\_

Name of medication \_\_\_\_\_

Has your child ever had an allergy or reaction to any medication? (Provide name of medication)

Yes  No \_\_\_\_\_  
\_\_\_\_\_

Can your child participate in all school activities?

Yes  No \_\_\_\_\_  
\_\_\_\_\_

May we share the above information with essential school staff if needed?

Yes  No \_\_\_\_\_

Signature below indicates your consent for the school nurse to communicate with parents/guardians via email or telephone messaging at her discretion.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_