

**BLESSED SACRAMENT SCHOOL
2021-2022 HEALTH HISTORY**

*All students in Grades K, 4 and 7 need current physical forms reflecting current immunizations required at these grade levels

Student Name: _____ Date: _____

Grade/Homeroom: _____ Date of Birth: _____

Dentist Name & Phone number: _____ Last Dental Examination: _____

Physician's Name & Phone number _____ Date of Last Physical _____

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 _____