

**BLESSED SACRAMENT SCHOOL  
2022-2023 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? \_\_\_\_\_

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

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

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

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