ST. MARY'S CATHOLIC SCHOOL
FOUNDED 1877

HEALTH HISTORY FORM

DATE:_____
CHILD'S NAME: _____
DATE OF BIRTH: _____ AGE: _____ GRADE:_____

MEDICATIONS AND ALLERGIES
Please list all current medications, vitamins, and supplements, even those used intermittently and the diagnosis they are used to treat:

Medication:	**Diagnosis:**
_____	_____
_____	_____
_____	_____
_____	_____

Please list allergies or reactions to medications, vaccines or foods:

Allergy	**Reaction**
_____	_____
_____	_____
_____	_____
_____	_____

Does your child require an Epi-pen for severe allergies? ____ Yes ____ No
If yes, an Epi-pen prescription and medication administration permission form will be required to be on file at school along with medication.

PAST MEDICAL HISTORY
IN THE PAST HAS YOUR CHILD:

Had any serious medical illness? Y / N
Had broken bones/frequent or severe sprains? Y / N
Had a history of asthma or wheezing? Y / N
Had any mental or behavioral problems? Y / N
Ever used an inhaler or nebulizer? Y / N
Had a positive tuberculosis skin test? Y / N
Had surgery? Y / N
Been hospitalized overnight? Y / N

If yes, please explain:

_____
_____
_____
_____

*This information will be kept confidential unless an emergency arises, or the nurse determines that the school team, transportation staff, or primary care provider have a need to know because of a specific health concern regarding your child. I give consent to share this information with the school team, transportation staff, and primary care provider if an emergency occurs or the nurse determines the there is a need to know to ensure the health, safety, and well-being of your child. I understand that it's my (parent's/guardian's) responsibility to inform teacher(s) school staff, and transportation staff of my child's health conditions.

Parent/Guardian's Signature_____Date_____