



Blessed Sacrament School

Health Services

NEW STUDENT HEALTH HISTORY

Name: _____ Grade: _____ Phone: _____ M ___ F ___

The information requested will assist school personnel in determining the health status/needs of your child. Physical forms are required before entry into the school.

History:

Were there any issues during pregnancy, labor/delivery for this child? Yes ___ No ___

If yes, please explain: _____

Does your child require any emergency medication at school? Yes ___ No ___

(Please contact the nurse so we have what we need before the 1st day of school)

Does your child take medication regularly at home? Yes ___ No ___

Has your child ever had a head injury or concussion? Yes ___ No ___ If yes, Date: _____

Do you have any concerns about your child's diet or eating patterns/weight gain/weight loss? Yes ___ No ___

Please check any conditions below that apply to your child.

	YES	NO		YES	NO
Allergies (food/medication/environmental)			Hypertension		
Asthma			Neuro-muscular Disorder		
Cardiac			Orthopedic Condition		
Communicable Diseases			Respiratory Illness		
Diabetes			Seizure Disorder		
Ear Infections			Skin Disorder		
Emotional Problems			Surgery		
Hearing Disorder			Vision		
Hospitalizations			Other (please explain)		

Doctors Office: _____ Date of last visit: _____

Dentist: _____ Date of last visit: _____



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Family History:

Please circle any conditions that apply to your child's parents or grandparents.

Allergies Asthma Hearing or Vision difficulties Cancer
Diabetes Emotional or mental conditions Heart Disease

Please explain: _____

Does your child spend a significant amount of time in another household? Yes___ No___
If yes, please explain: _____
Who has legal custody of the child? _____
Describe any custody arrangements: _____
(Please note we will need a copy of custody agreements prior to the 1st day of school)

Any additional concerns or information that will help us get to know your student: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

Parent(s)/Guardian(s) Signature: _____ Date: _____

(Please attach a copy of your child's physical form and immunization records)