



# Blessed Sacrament School

## Health Services

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### Health History Update Returning Students

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**To be completed by Parent/Guardian:** As we prepare for the new school year it is time for us to update the student health files. If your child has a medical issue the school should be aware of, please let us know as soon as possible so we can include it in their health record and make appropriate arrangements.

**Has your child recently:**

	Yes	No
Been diagnosed with asthma?	___	___
Developed any allergies to food, insects, medicine, or environmental substances?	___	___
Date of last reaction: _____		
Started taking any medication on a regular basis?	___	___
Had an illness or injury that caused a loss of school for 1 week or more?	___	___
Had a concussion or seizure?	___	___
Been diagnosed with diabetes, high blood pressure, or hyper lipedema?	___	___
Bruise easily or have frequent nose bleeds?	___	___
Experienced chest pain, unusual shortness of breath, dizziness, loss of consciousness or palpitations with exercise?	___	___
Wears glasses?	___	___
Has hearing aids?	___	___
Has an orthopedic appliance?	___	___
Been diagnosed with migraines?	___	___
Changed doctor?	___	___
New Drs Office: _____ Phone Number: _____		

Any other pertinent changes in their health or social situation? Examples of information that might be pertinent are given below:

1. Chickenpox over the summer
2. Fractures
3. Head Injuries
4. Hospitalizations
5. Death of a loved one
6. Glasses

If you answered yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Date: \_\_\_\_\_