



# 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 1<sup>st</sup> 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			<b>Other</b> (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 1<sup>st</sup> 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)**