

# St. John Francis Regis School 2016/2017

## CONFIDENTIAL HEALTH INFORMATION

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the interest of providing a healthy school experience, it is important for the school to have a current health record regarding your child. Please check ONLY the following that apply to your child.

\_\_\_\_ Allergies: Please list \_\_\_\_\_

\_\_\_\_ Asthma: Mild \_\_\_\_\_ Severe: \_\_\_\_\_ Medication: \_\_\_\_\_

\_\_\_\_ Attention Deficit Disorder: \_\_\_\_\_ Medication: \_\_\_\_\_

\_\_\_\_ Bone or Joint diseases &/or injury: Explain \_\_\_\_\_

\_\_\_\_ Communicable Diseases: Chicken Pox \_\_\_\_\_ Rubeola \_\_\_\_\_ Rubella \_\_\_\_\_ Mumps \_\_\_\_\_ Strep \_\_\_\_\_

\_\_\_\_ Scarlet Fever \_\_\_\_\_ Hepatitis \_\_\_\_\_ Mononucleosis \_\_\_\_\_

\_\_\_\_ Diabetes: Initial Diagnosis (Date) \_\_\_\_\_ Required Medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_ Ear Infections: \_\_\_\_\_ Tubes Inserted?: \_\_\_\_\_ Removed: \_\_\_\_\_

Hearing Loss: Degree of Impairment \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Hearing Aids \_\_\_\_\_

\_\_\_\_ Fainting: Explain \_\_\_\_\_

\_\_\_\_ Head Injury: Explain \_\_\_\_\_

\_\_\_\_ Heart Disease: Explain \_\_\_\_\_

\_\_\_\_ Hyperactivity: Explain \_\_\_\_\_

\_\_\_\_ Hypoglycemia (Low Blood Sugar) \_\_\_\_\_ Special Diet \_\_\_\_\_

\_\_\_\_ Kidney/Bladder problems: Explain \_\_\_\_\_

\_\_\_\_ Respiratory Diseases other than Asthma: Explain \_\_\_\_\_

\_\_\_\_ Seizure Disorder: Grand Mal \_\_\_\_\_ Petite Mal \_\_\_\_\_ Fever Convulsions \_\_\_\_\_

Date of last episode \_\_\_\_\_ Medications \_\_\_\_\_

\_\_\_\_ Vision: Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ When? \_\_\_\_\_

\_\_\_\_ Other health problems (including surgeries) not listed: Explain \_\_\_\_\_

Additional information, instructions, medications, emergency measures: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date