

**St. Mary's Grade School
Statement of Health of Child**

Name of Child: _____ **Birth Date:** _____

Parents or Guardians: _____ **Home #:** _____ **Work #:** _____

Emergency Contact (Indicate a local contact – other than parent):
Contact 1: _____ **Relationship:** _____ **Daytime #:** _____

Contact 2: _____ **Relationship:** _____ **Daytime #:** _____

Child's Physician: _____ **Clinic:** _____ **Clinic #:** _____

Hospital: _____ **Hospital #:** _____

Does Child Have Any Food, Medication or Environmental Allergies: **YES** **NO**

If Yes, List Allergies: _____ **Describe Allergy Reaction:** _____ **Usual Treatment:** _____

Will Child Have an Epi-pen at School: **YES** **NO**

Will Child Have a Rescue Inhaler at School: **YES** **NO**

Please Circle Any Conditions Affecting Child:

Asthma
Diabetes
Epilepsy

Heart Condition
Seizure Disorder
Cancer

Frequent Earaches / Ear Infections
Hearing Aides / Hearing Impairment
Contacts / Glasses / Vision Impairment
Other: _____

Please Explain All Circled Conditions:

Is Child Under Current Medical Treatment? **YES** **NO** **If Yes, Please List:** _____

Are There Any Medications Child Takes Daily? **YES** **NO** **If Yes, Please List:** _____

Has Child Received Any Immunizations Within the Past Year? **YES** **NO**

If Yes, Please List and Provide Updated Form: _____

Does Child Have Any Limitations That We Need To Be Aware Of: **YES** **NO** **If Yes, Please List:** _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Parent or Guardian Signature: _____

Date: _____