



**BLESSED
SACRAMENT
SCHOOL**
GROW IN FAITH AND WISDOM

Student Medical Information

Date Updated:

<u>NAME OF CHILD:</u>	
<u>DOCTOR:</u>	
<u>Address:</u>	
<u>Phone:</u>	
<u>DENTIST:</u>	
<u>Address:</u>	
<u>Phone:</u>	
<u>INSURANCE:</u>	
<u>HOSPITAL:</u>	

1. Does your child have any allergies (drugs, food, insects, grass, pollen, animals, latex etc.)? **Yes No**
 - a. If yes, please list: _____
 - b. What do you do for a reaction? _____
2. Does your child have any illnesses or health conditions? _____
3. Is your child on any medication on a routine basis at home? _____
4. Will your child be taking any medication during school hours? _____
 - a. If so, the medication must be brought by an adult to the school office and a permission slip must be completed by the parent. Students are not permitted to carry medicine with them during the school day. Permission slips for Asthma and Food Allergy Medications are also in the office.
5. Does your child have any physical disabilities? _____
6. Does your child have any limitation on activities? _____
7. Does your child need any special attention because of health problems? _____

8. Is your child physically able to participate in regular physical education classes? **Yes No**
 - a. A written excuse is necessary for a student to be excused from physical education classes.

I acknowledge that this form was completed as honestly and accurately as possible:

Parent Name: _____

Date: _____