

HOLY CROSS CATHOLIC SCHOOL
Annual Student Health Information Form

Student Name _____ School Year 2012-2013 Grade _____

“Annual Student Health Information” form must be returned by Friday, August 24th, 2012.

1. In order for Holy Cross Catholic School to assist your child with his/her health care needs, we require that you complete the following health report. All information is confidential and used to identify potential health issues that may affect your child’s learning. In the event your child has a medical emergency during school hours the information the parent/guardian provides is used to inform the school and/or medical personnel of a student’s health status.
It is the parent/guardian’s responsibility to inform the school of any changes in their child’s health.

Student Health: Current health status. Do the following health issues pertain to your child? If so please indicate by making a check mark next to the health issues that apply to your child:

_____ ADD/ADHD	_____ Allergies (Be specific)	_____ Arthritis	_____ Asthma
_____ Cancer	_____ Diabetes	_____ Hearing Problems	_____ Heart problems
_____ Injuries (within last year)		_____ Kidney/Bladder Disease	
_____ Mental/emotional problems		_____ Scoliosis	_____ Seizures
_____ Skin Problems (eczema, psoriasis, etc.)		_____ Surgery (within last year)	_____ Vision problems
_____ Other (please specify health issue) _____			

If you checked any of the above, please specify symptoms, treatment, restrictions and needed classroom adjustments.

Is your child under current medical treatment for any of the above conditions? YES NO
If “YES”, please explain: _____

_____ **My child has no health issues requiring special treatment/consideration at school.**

2. List **ALL** medications (prescription and over-the-counter) your child is currently taking. You must include exact name of the medication(s), dosage, instructions for taking medication(s) and the reason: _____

***In order for your child to take medication during school, the parent/guardian and the child’s physician must complete a MEDICATION AUTHORIZATION form. If your child requires medication while at school, you must have a Medication Authorization form on file with the school office. Forms can be obtained in the school office.**

3. Immunization Information: IN THE PAST YEAR has your child received the following vaccinations? Please indicate month/year vaccine was received.
- | | | | |
|--|---------------------------------------|------------------------|------------------------|
| | DPT/TD _____ / _____ | Polio _____ / _____ | MMR _____ / _____ |
| | Hepatitis B (Dose 1) _____ / _____ | (Dose 2) _____ / _____ | (Dose 3) _____ / _____ |
| | Varicella (Chicken Pox) _____ / _____ | | |

4. Date of last eye exam _____ Does your child wear eyeglasses? YES NO

5. Date of last dental exam _____

6. List health care provider’s name, address, and phone number (include specialists): _____

I understand the above health information may be shared with school personnel to assist with my child’s well being.

_____ Parent/Guardian Signature

_____ Date

_____ Home Phone Number

_____ / _____ Work Number Cell Number

Second Contact Parent/Guardian Emergency Contact _____

Phone Numbers: Home _____ Work _____ Cell _____