

St. Mary's Springs Academy

Health History Form 2018-2019



Student:
Last Name: _____ **First Name:** _____ **Middle:** _____

Age: _____ **Grade:** _____ **Guardian Phone:** _____

Medical Conditions: Check any of the following your child has had or now has. List any RECENT conditions, illnesses, surgeries, hospitalizations not mentioned:

<u>HEALTH CONCERN</u>	YES	<u>HEALTH CONCERN</u>	YES
NO HEALTH CONCERNS		Hearing Impairment	
Physical Impairment		Heart Trouble	
Asthma Requires inhaler at school yes no (please circle) Requires nebulizer yes no		High Blood Pressure	
Visual Impairment		Lowered Immunity (cancer, transplant, etc.)	
Chicken Pox Date: _____		Skin Conditions	
Concussion/Head Injury Date(s): _____		Seizures	
Diabetes: Type 1 or 2 (please circle)		Mental Health/Behavioral Health Concerns	
Frequent Nosebleeds		Additional Comments:	
Headaches/Migraines			
Allergy: (circle all that apply & specify type) Bee Stings Insect bites Food Name: _____ Environmental Name: _____ Medication Name: _____ Other Name: _____ Epi pen required: yes / no (paperwork required)		Medications (name/dosage/time taken):	

6th-12th: One Tdap (Tetanus/Diphtheria/Acellular Pertussis) adolescent booster is required.

Date of last Tdap or Td (please circle which) ____/____/____

- ☐ **Parent Permission for NON-prescription medication.** By checking this box I give permission for the school nurse or administrative assistant to administer over the counter (OTC) topical medication (anti-itch, antibiotic cream) and pain reliever medication such as acetaminophen or ibuprofen. The medication will be held in a locked area in North and South Hall offices and can be administered by the school nurse or administrative assistant per their discretion. Students in elementary school will not receive pain reliever medication until parent gives approval via text/call/email. **If your child has a temperature over 100.4 they will be sent home per school illness policy.**

Please contact Katie Hellmer, RN at (920) 322-3206 or khellmer@smsacademy.org if any questions or concerns.

Parent Signature: _____ **Date:** _____