

**St. Francis Central Catholic School
Student Health Information Form**

State guidelines recommend that the school nurse obtain a health history on every child yearly. Please complete this form and return it to school as soon as possible. All information will be kept confidential among appropriate school personnel. Please answer in as much detail as possible. You may contact the school nurse with any further concerns or questions.

Student Name (print): _____ Birthdate: _____ Grade: _____

Homeroom Teacher _____ School Year: _____

Parent//Guardian #1 Name (print): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian #2 Name (print): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student's current medical/mental health issues as DIAGNOSED BY PHYSICIAN. Check all that apply

CONDITION	YES	COMMENTS	CONDITION	YES	COMMENTS
No Known Health Problems			Diabetes		
Allergies (food, insects, drugs, latex) Or (seasonal)			Head Injury/Concussion		
Asthma/Reactive Airway Disease			Hearing issues or Deafness		
Attn-Deficit/Hyperactivity Disorder			Heart Problems		
Behavioral Problems			Chronic/ Migraine Headaches		
Developmental Problems			Muscle/Skeletal Problems		
Bladder Problem			Seizures		
Bleeding Problem			Sickle Cell Disease		
Bowel Problem			Speech Problems		
Cystic Fibrosis			Spinal Injury		
Dental Problems			Surgeries		
Other:			Vision Problems		

Medications: At Home _____

At School _____

(Remember all medication at school including OTC, require a completed medication form by a licensed subscriber)

Special Diet (Medical Reason Only) _____

I have completed the above information. I understand that the school nurse may share the above information confidentially with appropriate school personnel during the school day.

Parent/Guardian Signature: _____ Date: _____