St. Charles Borromeo Catholic School

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Our Mission: To Teach, Love, Live, and Learn as Jesus Did
Our Vision: Share Faith, Serve Others, Seek Knowledge

HEALTH QUESTIONNAIRE
(Parent/Guardian needs to complete)

Please Print

Student: _____ Grade _____

Date of Birth _____/_____/_____

Address _____

Phone Number _____

Father's name _____ Mother's name _____

Student lives with _____

Health History
Check all that apply to your child

ADD/ADHD **(circle)**
Allergy **(specify)**
- Seasonal _____
- Food _____
- Other _____

Asthma
Chickenpox
Diabetes
Chronic Ear Infections
Emotional Disorder
GI/GU Issues
Hearing Impairment
Hepatitis
Measles/Mumps/Rubella
Mononucleosis ____
Physical Handicaps ____
Pneumonia ____
Rheumatic Fever ____
Scarlet Fever
Seizures
Tuberculosis
Vision Impairment
Whooping Cough
Other_____
Other_____
Other _____
Other _____

For any checks made above, please give explanations and dates of diagnosis:

_____

_____

Has your child had an infectious/communicable disease other than those listed above? Please explain, giving relevant dates:

_____

CONTINUED ON REVERSE

Does your child require the use of an EPI-PEN for allergic reactions? YES/NO
Severe allergy to _____
If so, an Epi-pen and forms are due to the office by the first day of school

Please be specific and include the month/year:
Severe Illnesses: _____

Severe Injuries: (head injury, fractures, etc.): _____

Diagnostic Procedures: _____

Hospitalizations: _____

Surgical Procedures: _____

DAILY MEDICATIONS: _____

Is there any other information about your child's health status that you think the school should know which may be relevant to your child's health and safety or the health and safety of others in the school environment?

_____

_____

Please list any condition that should be considered in planning your child's school day:

_____

Physician's Name: _____ Phone # _____

Dentist's Name: _____Phone # _____

Eye Doctor's Name _____ Phone # _____

To the best of my knowledge, the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

Your signature below also gives the nurse permission to share pertinent health information with teachers and staff as may be necessary- unless an objection is written on this form. Thank you.

_____ _____

Parent/Guardian signature **Date**

(reviewed ACNPSA 1/22) Revised 12/9/24 MT