



St. Mary's School Student Health Form

Student Name: (First) _____ (Middle) _____ (Last) _____ (Birthdate) _____ (Grade) _____

Immunization Status: Submit a photocopy of your child's most up to date immunization records to the school office.

Student Medical History: Please fill in all information that pertains to your child.

Is your child currently under any medical treatment or taking any type of medication?

Medication(s): _____ Treatment: _____

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Medication(s): _____ Treatment: _____

Does your child have any special health problems the school should know about?

Specify: _____

Pediatrician/Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Date of last physical exam: _____ Date of last dental exam: _____

Date of last eye exam: _____ Date of last lead risk assessment: _____

Allergies Specify: _____
(examples: specific food, drug, bee/insect, environmental)

Asthma Diabetes Epilepsy Heart disease

Other: _____