



St. Regis Academy 2023/2024

CONFIDENTIAL HEALTH INFORMATION

Student's Name: _____ Grade: _____

Sex: M _____ F _____ Birth Date: _____

Parent/Guardian Names: _____

Student's Physician: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

In the interest of providing a healthy school experience, it is important for the school to have a current health record regarding your child. Please check ONLY the following that apply to your child.

- ____ Allergies: Please list _____
- ____ Asthma: Mild _____ Severe: _____ Medication: _____
- ____ Attention Deficit Disorder: _____ Medication: _____
- ____ Bone or Joint diseases &/or injury: Explain _____
- ____ Communicable Diseases: Chicken Pox _____ Rubeola _____ Rubella _____ Mumps _____ Strep _____
- ____ Scarlet Fever _____ Hepatitis _____ Mononucleosis _____
- ____ Diabetes: Initial Diagnosis (Date) _____ Required Medication _____
- Special Instructions _____
- ____ Ear Infections: _____ Tubes Inserted?: _____ Removed: _____
- Hearing Loss: Degree of Impairment _____ Right _____ Left _____ Hearing Aids _____
- ____ Fainting: Explain _____
- ____ Head Injury: Explain _____
- ____ Heart Disease: Explain _____
- ____ Hyperactivity: Explain _____
- ____ Hypoglycemia (Low Blood Sugar) _____ Special Diet _____
- ____ Kidney/Bladder problems: Explain _____
- ____ Respiratory Diseases other than Asthma: Explain _____
- ____ Seizure Disorder: Grand Mal _____ Petite Mal _____ Fever Convulsions _____
- Date of last episode _____ Medications _____
- ____ Vision: Glasses _____ Contacts _____ Full-time _____ Part-time _____ When? _____
- ____ Other health problems (including surgeries) not listed: Explain _____

Additional information, instructions, medications, emergency measures: _____

Parent/Guardian Signature

Date