Rosary Academy
2022 - 2023 Student Health History

Part 1 General Student Information:

Student's Name: Last First		Grade:	Birth Date:	Sex: ☐ M ☐ F	Grad Year:
Home Phone: ( )	Student's Cell: ( )	Primary E-Mail:			
Home Street Address:		City:		Zip:	
Mother/Guardian Name and Phone Number: **H:** ( ) - **W:** ( ) - **C:** ( ) -		Father/Guardian Name and Phone Number: **H:** ( ) - **W:** ( ) - **C:** ( ) -			
Physician Name:		Phone: ( )			

Part 2 Health History (to be completed by parent or guardian) Please check the "yes" or "no" box below that applies to your student. If there are any changes to your student's health condition during the school year, please inform the school nurse. The Health Room may provide this information on a "need to know" basis with school personnel to ensure your student's health and safety while on campus or during school activities.

NO	YES	HEALTH INFORMATION
		Has your student had a complete physical exam in the past year (excluding sports physical)?
		Activity Restrictions *Adaptive PE requires MD letter
		ADD/ADHD (diagnosed by MD)
		Allergy (life threatening) that requires use of an EpiPen (list allergy)_____
		Will your student carry or store an EpiPen at school?
		Allergy that requires use of Benadryl (specify allergy)_____
		Allergy to Medication (list med)_____
		Anxiety Disorder (diagnosed by MD)
		Asthma (diagnosed by MD) ☐ Mild ☐ Moderate ☐ Severe
		Will your student carry or store an Asthma Inhaler at school?
		Autism/Asperger's
		Back or Neck Problems/Scoliosis/Arthritis
		Bleeding Tendencies/frequent bloody nose
		Cancer
		Concussion Date of last Concussion:_____
		Crohn's Disease / Ulcerative Colitis
		Cystic Fibrosis
		Depression (diagnosed by MD)
		Diabetes
		Digestive Problems
		Hay Fever/Seasonal Allergies ☐ Mild ☐ Moderate ☐ Severe
		Eating Disorder (please specify)
		Epilepsy/Seizures
		Fainting history
		Hearing or Ear Issues
		Heart Condition
		Hospitalization/Surgery (recent)
		Immunocompromised (weakened or absent immune system)
		Injury of a muscle/bone/joint/tendon (recent)
		Kidney or Bladder Problems
		Learning Differences
		Migraine headaches (diagnosed by MD) Treatment:
		Painful menstrual periods (severe pain that disrupts normal daily activity)
		Physical Impairment
		Sinus Problems
		Skin Problems/Eczema
		Vision Problems/Correction
		Other (specify/explain any of the above conditions)

Part 3 Medications Medication cannot be taken at school without a **Medication Administration Consent Form** signed by a parent (for over-the-counter meds) or a parent and physician (for prescription meds). All meds must be in their original, sealed container and delivered by an adult to the Health Room and stored there. Students are not allowed to carry medications or keep meds in their bags, lockers or cars. EpiPens and Inhalers may be carried by the student with a Medication Form signed by their physician. The Health Room provides the medication listed below with parental consent:

Consent for student medication	**Sudafed PE** **Phenylephrine HCL 10mg** decongestant ☐ **Yes** ☐ **No**	**Advil** **Ibuprofen** pain reliever ☐ **Yes** ☐ **No**	**Tylenol** **Acetaminophen** pain reliever ☐ **Yes** ☐ **No**	**Claritin** **Loratadine** antihistamine ☐ **Yes** ☐ **No**	**Midol (for girls)** **Tylenol Menstrual Relief** pain/diuretic/antihistamine ☐ **Yes** ☐ **No**	**Tums** **CalciumCarbonate** antacid ☐ **Yes** ☐ **No**

Will your student need other medication(s) at school: ☐ Yes ☐ No List routine meds taken at home and/or school:

This health history is complete and accurate to the best of my knowledge. Parent/Guardian Signature_____Date:_____