

EMERGENCY CONTACT INFORMATION

STUDENT \_\_\_\_\_ GENDER \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_ HR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

CHILD LIVES WITH \_\_\_\_\_ BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ GUARDIAN  
\_\_\_\_\_ OTHER (please specify) \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

MOTHER'S ADDRESS (if different from above) \_\_\_\_\_

MOTHER'S CONTACT INFORMATION:

CELL \_\_\_\_\_ WORK \_\_\_\_\_ HOME \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER'S ADDRESS (if different from above) \_\_\_\_\_

FATHER'S CONTACT INFORMATION

CELL \_\_\_\_\_ WORK \_\_\_\_\_ HOME \_\_\_\_\_ EMAIL \_\_\_\_\_

SIBLINGS IN SCHOOL

NAME _____	GRADE _____
NAME _____	GRADE _____
NAME _____	GRADE _____
NAME _____	GRADE _____

OTHER EMERGENCY CONTACTS (if above parent/guardian cannot be reached)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT TRANSPORTATION TO AND FROM SCHOOL: \_\_\_\_\_

STUDENT'S DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT'S HOSPITAL OF CHOICE FOR CHILD'S TREATMENT \_\_\_\_\_

OTHER PERTINENT INFORMATION: COMPLETE STUDENT HEALTH HISTORY ON BACK OF THIS SHEET

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_

IN CASE OF A SERIOUS ACCIDENT OR CRITICAL MEDICAL OCCURRENCE, I HEREBY AUTHORIZE ST. CHARLES BORROMEO ACADEMY TO CALL EMERGENCY MEDICAL PERSONNEL AND FOLLOW THEIR DIRECTIONS. I GIVE PERMISSION TO NOTIFY PERTINENT STAFF MEMBERS OF MY CHILD'S MEDICAL INFORMATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Student Health History

St. Charles Borromeo Academy

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_ Homeroom \_\_\_\_\_  
Last First

Health Status: Please check any health problems your child has now or has had in the past. Give dates, treatments and current status under explanation.

Allergies: List and describe reactions

Drug Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Seasonal Allergies \_\_\_\_\_

Insects \_\_\_\_\_

Tape/Bandages \_\_\_\_\_

Other Allergies \_\_\_\_\_

Has your child ever been hospitalized for an allergic reaction? Explain Yes \_\_\_\_\_ No \_\_\_\_\_

Is an Epinephrine pen (Epi-Pen) prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever had any of the following? Please mark and explain below

- Anemia
- Asthma/
- Breathing Problems
- ADHD
- Bed Wetting
- Bleeding Clotting Disorder
- Bronchitis
- Cancer/Tumor
- Chicken Pox
- Chronic Otitis Media
- Constipation
- Depression
- Diabetes
- Digestive Problems
- Disabilities/Handicaps
- Eating Disorders
- Fainting Spells
- Fears/Phobias
- Heart Murmur
- Heart Problems
- Hemophilia
- High Blood Pressure
- Immunosuppressed Condition
- Juvenile Arthritis
- Kidney/Urinary Problems
- Leaking/Loss of urine
- Liver Disease
- Migraines/Headaches
- Mononucleosis
- Muscle Weakness
- Nosebleeds
- Orthopedic Problems
- Posture Problems
- Rheumatic Fever
- Sinus Problems
- Sleep Disorders
- Seizures/Convulsions
- Skin Problems
- Speech/Language Problems
- Tuberculosis
- Ulcers
- Vision Problems
- Wear Glasses
- Wears Contact

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Is there any tendency in your family toward a specific health problem? \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Emotional or behavioral concerns? \_\_\_\_\_

Learning Problems? \_\_\_\_\_

Operations, serious injury or other hospitalizations