ANNUAL HEALTH HISTORY REVIEW – ST. MARY'S SCHOOL, 2023/24 SY

Student's name _____ Date of birth ___/___/_____ Grade _____

VISION – Does this child wear glasses? Yes / No Date of last exam _____
Does this child wear contacts? Yes / No
HEARING – Does/did this child have frequent ear infections? Yes / No
How many per year? _____
Does this child have tubes in place now? _____
Has this child ever been tested by an audiologist to check for possible hearing problem? Yes / No
Was a hearing problem diagnosed? Yes / No
Does this child wear a hearing aid? Yes No
BONES & JOINTS - has this child ever broken a bone? Yes / No
Which part of the body? _____
Any lasting effects? Yes / No
Have you ever been told that this child has scoliosis? Yes / No
ALLERGIES – Does this child have allergies? Yes / No
Please specify _____
Medication used/how often _____
ASTHMA – Does this child have asthma? Yes / No
What triggers the asthma attacks? _____
Medication used/how often _____
DIABETES – Does this child have diabetes? Yes / No
Insulin used / testing schedule _____
SEIZURES – Has this child ever had a seizure? Yes / No
Date of last seizure _____ On medication now? _____
HEART CONDITIONS – Does this child have a heart condition? Yes / No
Please specify _____
Any limitations? _____

Is this child taking medication now or being treated for any problems? Yes / No
Please describe _____
Other medical problems, significant past injuries, surgeries, etc. that may affect this child in school or that you feel school staff should be aware of_____
Has your child had a Tetanus/diphtheria or MMR Booster, IN THE LAST 12 MONTHS? Date/Type _____

ACCORDING TO SCHOOL POLICY,
NO MEDICATION WILL BE GIVEN WITHOUT WRITTEN PARENTAL PERMISSION
AND
WRITTEN AUTHORIZATION FROM A LICENSED MEDICAL CARE PROVIDER.

St. Mary's School personal can no longer administer any medications (aspirin, cough drops, etc.) per Minnesota State Health Department regulations. Families must now provide these medications to the school with their written permission for administering to their child (form elsewhere in this packet). Also if your child has allergies and needs medication or an Epipen, these must also be provided by the family, with a written authorization from your licensed medical care provider (get from the school office). ***All Medications must be properly marked with your child's name, dosage to be given, and the date.***

Date _____ Parent/guardian signature _____