

**2020-2021
Student Health History Update**

Student Information

Last Name:		First Name:	
Class of:		Grade:	
Street Address:			
City:		State:	Zip:
Emergency Contact #1:		Relationship:	
Home #:	Cell #:	Work #:	
Emergency Contact #2:		Relationship:	
Home #:	Cell #:	Work #:	
Emergency Contact #3:		Relationship:	
Home #:	Cell #:	Work #:	
Student's Physician:		Physician #:	
<small>Please indicate all conditions/diseases and/or injuries. Please indicate specific instructions in the event of an emergency.</small>			
Condition/Disease/Injury	No	Yes	Comments/Instructions
Allergies-Food			
Allergies-Medicinal			
Allergies-Other			
Blood disorders			
Diabetes			
Eye (also, glasses/contacts)			
Gastrointestinal (Colitis, IBS, etc.)			
Hearing			
Heart			
Kidneys			
Liver			
Menstrual Cramps			
Neurological			
Orthopedic (Knee, etc.)			
Respiratory (Asthma, etc.)			
Seizures/Seizure disorder			
Skin			
Spinal Injury/Scoliosis			
Syncope			
Hospitalized within past year?			
Fully participate in P.E.?			
Date of last tetanus?			

Additional Comments/Instructions:

Please list all medications student is currently taking.

Please list all medications student takes during school day.

Please list any surgeries within the past year.

Is there any other information of which we should be aware regarding your daughter's health?

In the case of an emergency, I give my consent to St. Mary's Dominican High School to call "911" and to administer basic first aid treatment until the parent, guardian, or family doctor can be contacted or proceed to

_____ Yes ____ No ____
(NAME OF HOSPITAL)

NOTE: DHS Health Forms must be completed and submitted for the student to register in August.

DHS personnel are not to administer to or to have available for students any type of medication, prescription or non-prescription without parental consent. Students who bring prescription medication to school must report to the Attendance Office no later than 7:30 a.m. with a note of parental permission and specific instructions for dispensation of such medication. The medication will be kept in the Attendance Office in a secure place and the students will be allowed to take their medication there. Students may be allowed to carry, monitor, and take their own non-prescription medication. HOWEVER, UNDER NO CIRCUMSTANCES MAY STUDENTS DISPENSE ANY PRESCRIPTION MEDICATIONS TO ANY OTHER STUDENTS OR STAFF. VIOLATION OF THIS RULE MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING EXPULSION.

DATE

SIGNATURE OF PARENT(S)/GUARDIAN

PRINT NAME OF PARENT (S)/GUARDIAN