

GRADE: _____

Sacred Heart School EMERGENCY HEALTH DATA SHEET

Mandatory Requirement: Every student must have a complete health data sheet on file in health office.

Student Name: _____
Last First Middle

Date of Birth: ____/____/____ Age: ____ Sex: M ____ F ____ Home Phone: (____) ____ - ____

Race (Please circle or fill in the blank): White Black Hispanic Asian American Indian Other _____

Medication:

Does your student take medications? No Yes Diagnosis/Reason _____

Medication	Dose	Time(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYLENOL / IBUPROFEN PERMISSION: Do you give your permission for the school nurse, or one of the school's qualified staff members, to administer Acetaminophen (Tylenol)/ Ibuprofen to your son/daughter as needed for mild pain/discomfort?
 YES NO

Physician's Name _____ Phone (____) ____ - ____ Date of Last Visit _____

Dentist's Name _____ Phone (____) ____ - ____ Date of Last Visit _____

Hospital Preference _____

Has your child had or does your child have any of the following illnesses or diseases?

	Age	Date		Age	Date
Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Mononucleosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Fifth's Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Scarlet Fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Hepatitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Strep Infection	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
Meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	Other Contagious Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

- Allergies (foods, medications, environment, animals, etc.) No Yes
- Asthma No Yes
- Attention Deficit/Hyperactive Disorder No Yes
- Behavior Problems No Yes
- Bladder Problems No Yes
- Bowel Problems No Yes
- Broken Bones No Yes
- Dental Problems No Yes
- Diabetes No Yes
- Frequent Ear Infections No Yes
- Head Injury/Concussion No Yes
- Hearing Problems No Yes
- Heart Problems/Murmur No Yes
- Hospitalizations (other than newborn) No Yes
- Injuries/Accidents No Yes
- Mental/Emotional Problems No Yes
- Physical Limitations No Yes
- Pneumonia No Yes
- Rash/Birthmark/Scar No Yes
- Seizure Disorder No Yes
- Speech Problems No Yes
- Surgery No Yes
- Sutures/Stitches No Yes
- Tube Feeding No Yes
- Tubes in Ears No Yes
- Vision Problems No Yes
- Wears Glasses/Contacts No Yes
- Wheel Chair No Yes

Please explain yes answers here:

In the event of a medical emergency and the parents/guardians can not be reached, the Sacred Heart School and its authorized personnel will administer emergency first aid (if necessary) and obtain transportation by ambulance to the nearest hospital (if necessary)

Parent/Guardian Signature: _____ Date: _____