



Catholic Values...
21st Century Learning

Health Information

Student Name _____

Parent Name: _____ Phone Number: _____

| Please check if any of the following apply, and add comments as needed. | Currently Diagnosed | History of Having |
|---|---------------------|-------------------|
| ADD/ADHD <small>(circle one)</small> Medication Given: _____ At Home / At School | | |
| ALLERGIES/ASTHMA – please specify <small>(circle one)</small> Medication Given: _____ At Home / At School | | |
| DIABETES | | |
| HEART CONDITION | | |
| MIGRAINES | | |
| SEIZURES – please specify | | |
| VISION CONCERNS – please specify | | |
| HEARING LOSS – please specify | | |
| OTHER – please specify | | |

Does your child have any physical limitations and/or restrictions? Please describe: _____

List any medications your child takes daily and/or as needed basis:*

***Medication Guidelines:** St. Brigid Parish School requires that all students who need prescription and non-prescription medication during the school day have a completed medication permission form on file. All medication must be checked in with the office. Asthma inhalers can be carried but the office must be notified and parents must have written permission from the student's doctor. **See medication policy for more information.**

St. Brigid Parish School is a welcoming, innovative Catholic community which focuses on faith, family, and individual academic excellence- fostering living examples of God's presence in our world.

April 2022