

**Blessed Sacrament School  
Annual Health Form**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parents,

For the health/safety of your child(ren) we would like to have the following information for our records.

**I. ALLERGIES**

1. Does your child have any food or other allergies? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

2. Does your child exhibit a severe reaction to insect/bee/wasp stings? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

**II. MEDICATION**

Does your child take any prescription or non-prescription medication on a daily basis that the school should be made aware of? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. GENERAL HEALTH**

Does your child have any other medical/health limitations that the school should be made aware of? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_