Student Health Assessment 2023-2024

ST ANDREW CATHOLIC SCHOOL
MYRTLE BEACH, SC

Please provide health information about your student. Your signature is required at the bottom to verify the information is accurate as of the date written. Thank you!

Student Name: **Grade:** **Birthdate:**

Permission to Treat: Yes No **Preferred Hospital:**

Would you like your child to wear a mask at school? Please circle one. Yes No

Doctor: **Address:** **Phone:**

Dentist: **Address:** **Phone:**

MEDICAL HISTORY

Please circle yes or no for each and provide additional information as needed.

ADD/ADHD: Yes No **Medications:**

Autism (ASD): Yes No **Anxiety/Depression/Emotional Disorders:** Yes No

Allergies: **Medications:**

Asthma: Yes No **Medications:**

Blood Disorders (Clotting Disorders Sickle Cell Anemia): Yes No

Cancer: Yes No **Constipation/Diarrhea:** Yes No **Eating Concerns/Disorder:** Yes No

Diabetes: Yes No **Medications:**

Ear Infections/Tubes: Yes No

Epilepsy/Seizures/Concussion: Yes No **Date of Last Episode:**

Fractures: Yes No **Site of Fracture and Date:**

Frequent Headaches: Yes No **Medications:** Yes No

Glasses/Contacts: **Wears Daily:** Yes No **Reading/Computer Only:** Yes No

Hearing or Speech Impairment: Yes No **Heart Problems/Rheumatic Fever:** Yes No

MRSA: Yes No **Stomach Complaints/Frequent Nausea/Vomiting:** Yes No

Muscle Weakness/Injury: Yes No **Site of Muscle Weakness/Injury and Date:**

Surgeries/Serious Injuries: Yes No

Surgeries/Serious Injuries Additional Information:

Other Illnesses:

Elaboration on Any Above Questions:

TREATMENT CONSENT

Please circle yes or no for each.

Triple Antibiotic Ointment to Minor Cuts/Abrasions: Yes No

Benadryl Cream or Caladryl Lotion to Itchy Rashes/Insect Bites: Yes No

Cough Drops (Halls Menthol) As Needed As Directed: Yes No

Peppermints (LifeSavers Pep-O-Mint) for Upset Stomach: Yes No

Aquaphor Ointment to Dry/Cracked Skin or Lips (Applied with Q-Tip to Lips): Yes No

Ginger Ale for Upset Stomach or Nausea: Yes No

Salt Water Mouth Rinse for Oral Sores/Sore Throat: Yes No

Saline Eye Drops (Individual Use Vials) As Needed Applied by RN Only: Yes No

Vaseline to Minor Abrasions: Yes No

MEDICATIONS

List of any additional medications, including Over the Counter, vitamins, and supplements.

Medication #1:

Medication #2:

Medication #3:

Medication #4:

All of the above information is accurate to the best of my knowledge. I understand if my child's health information changes during the year, I need to contact the school nurse. I agree to work with the school nurse in providing the most up to date information regarding my child's health.

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____