

**St. Stanislaus Kostka School
221 MacArthur Avenue
Sayreville, NJ 08872**

Tel: 732-254-5819

Fax: 732-254-7220

COMPLETE AND RETURN TO SCHOOL NURSE'S OFFICE: Year 20____/20____

Dear Parents/Guardians:

Please complete the following information for your child's health record to be kept on file in school. Kindly circle your answers and explain where necessary.

Name: _____ **Grade** _____ **DOB** _____

1. Does your child wear glasses/contacts Yes No
2. Does your child wear braces now? Yes No
3. Does your child have asthma? Yes No If yes, when did start _____

***Please submit the asthma emergency plan form completed by the doctor with an inhaler if prescribed**

4. Is your child being treated for any physical or emotional condition now? Yes No
 • If yes--- Please explain _____

5. Does your child have any allergies? Yes No
 If yes, is he/she allergic to:
 - a. Foods _____
 - b. Bugs bites, Bee stings, etc. _____
 - c. Fabrics(wool, cotton, etc) _____
 - d. Animals _____
 - e. Topical creams and/solutions _____
 - f. Others _____

Explain what happens: _____

***Please submit the anaphylaxis emergency plan with epipen/benadryl if prescribed by MD**

6. Does your child have any drug sensitivity to medications? Yes No
 If yes—please give the name of drug/medication and explain the reactions that occur.

Parents/Guardians Signature _____ **Date** _____

Anaphylaxis emergency and asthma health plan forms can be printed off the school's website---under school nurse. If you need forms sent home please let me know.