



## Catholic Memorial School

### **HEALTH HISTORY and CONSENT FORM 2020-2021**

*Please print and complete this form. Once completed, you can scan and email it to [AnneBatcheller@CatholicMemorial.org](mailto:AnneBatcheller@CatholicMemorial.org) as an attachment or mail it to: Catholic Memorial School, 235 Baker Street, West Roxbury, MA 02132*

<b>Student's: Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Date of Birth</b>	<b>Grade</b>
#1 Guardian/Parent's Name	Phone #1		Phone #2	email
#2 Guardian/Parent's Name	Phone #1		Phone #2	email
Name of Doctor	Phone			
Health Insurance	Policy #			

#### ***Does your son have:***

Allergies: Yes  No  List ALL: \_\_\_\_\_

A prescribed Epi-Pen? Yes  No  Reason: \_\_\_\_\_

Asthma? Yes  No  A rescue inhaler? Yes  No

*\*Students with asthma and/or severe allergies must have an asthma/allergy action plan on file in the health office; and are required to carry their Epi-Pens & inhalers on their person at all times. Students are not permitted to carry any other medications.*

#### ***Please indicate if your son has a history of/currently has the following:***

Yes  No  Diabetes

Yes  No  Fainting

Yes  No  Seizures

Yes  No  Migraine Headaches

Yes  No  High Blood Pressure

Yes  No  Concussions

Yes  No  Heart Problems

Yes  No  Blood Disorders

Yes  No  Vision Problems

Yes  No  Frequent Nosebleeds

Yes  No  Hearing Problems

Yes  No  Scoliosis

Yes  No  Depression

Yes  No  Surgery/Hospitalization

Yes  No  Anxiety

Yes  No  Chronic illness

Yes  No  ADD/ADHD

Yes  No  Positive Diagnosis of COVID-19

Other/Details: \_\_\_\_\_

*Over*

**I grant permission for my son to be treated for illness/injury by the school nurse; and transported by EMS in the case of emergency.**

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**Parent/Guardian Signature**

**Date**

**I grant permission for my son to be administered the following medications by the school nurse:**

Yes  No  Tylenol/acetaminophen

Yes  No  Benadryl/Diphenhydramine

Yes  No  Motrin/ibuprofen

Yes  No  Zyrtec/cetirizine

Yes  No  TUMS

Yes  No  Claritin/loratadine

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**Parent/Guardian Signature**

**Date**