

St. Mary's Catholic School
12 Sixth St., Waterford, NY 12188
(518)237-0652 fax (518)233-0898

Student Health History
To be completed by parent or guardian

Student's Name (First, Middle & Last) _____ Grade _____
Date of Birth _____ Sex _____ Birthplace _____ (Hospital/City)
Birth Weight _____ lbs _____ oz Length _____ inches
Birth Complications _____
Father's Name: _____ Mother's _____
Family Doctor: _____ Dr.'s Phone _____
Family Dentist _____ Dentist's Phone _____

Please indicate month/year of onset if your child has had the following and give details below:

_____ Allergies	_____ Ear Infections	_____ Pneumonia
_____ Asthma	_____ Eczema	_____ Sprain
_____ Broken Bone	_____ Epilepsy	_____ Surgeries
_____ Chickenpox	_____ Eye condition	_____ Whooping Cough
_____ Concussion	_____ Frequent sore throats	_____ Other Problem
_____ Dental problems	_____ Heart condition	
_____ Diabetes	_____ Hemophilia	

Details: _____

Date of Last Physical _____ Date of Last Dental Exam _____

Physical Exams are *required* for school entry for students in *Kindergarten, 2nd, 4th and 7th Grades*, as well as *All New Students*. Students with *chronic medical conditions* and those requiring *daily medications during school hours* are also *required* to have annual physicals performed by their doctor.

Will your child require medications in school? _____ No _____ Yes*
*If "Yes", please request our Medication Packet

Parent / Legal Guardian Signature _____