

St. Mary's Academy Health Form

Student's Name: _____ Date of Birth: _____

Place of Birth: _____

Address: _____

Family Name: _____

Phone: _____ (Home) _____ (Work)

Immunization record provided? _____

Health History:

Allergies? (Please state) _____

List any other disease contracted, give dates:

Is there a physical condition or medical history of which the school should be aware? (i.e. surgery)

Family Physician: _____ Family Dentist: _____

I would like the school physician to provide the school physical. _____

I would like my family physician to provide my child's annual physical. _____

In an emergency, when a parent/guardian cannot be reached, I give my permission for the school to use a physician other than our family physician.

Parent/Guardian Signature: _____ Date: _____