

**Blessed Sacrament Catholic School  
Annual Health Form**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent's,

For the health/safety of your child(ren), we would like to have the following information for our records:

1. ALLERGIES

a. Does your child have any food or other allergies? \_\_\_\_No \_\_\_\_Yes  
If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Does your child exhibit a severe reaction to insect/bee/wasp stings?  
\_\_\_\_\_No \_\_\_\_\_Yes

If yes, Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. MEDICATION

Does your child take any prescriptions or non-prescription medication on a daily basis that the school should be aware of? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. GENERAL HEALTH

Does your child have any other medical/health limitations that the school should be made aware of? \_\_\_\_\_No \_\_\_\_\_Yes

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_