

**Saint Benedict Catholic School Student
Health Clinic Form 2024 – 2025**

This form will be kept in the Health Clinic along with the Student Registration Form.

Student's Full Name: _____ Grade: _____

Date of Birth: _____ Gender (M/F): _____

Medical Information

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Orthodontist's Name: _____ Phone Number: _____

Preferred Hospital: _____

Health Insurance Provider: _____ Policy Number: _____

Chronic Physical Conditions: _____

Allergies or intolerances: _____

Has your child every been diagnosed with

	Yes	No		Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Difficulty	<input type="checkbox"/>	<input type="checkbox"/>	Speech Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Visual Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Learning Difficulty	<input type="checkbox"/>	<input type="checkbox"/>

Other concerns or information for the School Nurse: _____

Please list any medications the student is taking now or takes regularly and provide the reason for the medication: _____

Signature

Parent/Guardian

Date

EMERGENCY PHONE NUMBER

* The school nurse will contact you directly to get any additional information or forms that may be necessary based on the student's medical history.