

CHILD HEALTH HISTORY FORM (TO BE COMPLETED BY PARENT/GUARDIAN)

Please send completed form to: ST. FRANCIS SCHOOL | 740-345-9876 (FAX) | NMORAN@STFRANCISPARISH.NET

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's History of Hospitalization:

[Empty box for Child's History of Hospitalization]

Child's Disease History:

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

[Empty box for Child's Allergies/Treatment]

Child's Dietary Needs/Restrictions:

[Empty box for Child's Dietary Needs/Restrictions]

**NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE**

Child's Medication/s:

[Large empty box for Child's Medication/s]

**Section V - Registration Authorizations**

I authorize the following to be listed on the parent roster: My child's name  Yes  No

Family name  Yes  No

Phone numbers  Yes  No

**Annual Class Roster:** Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Cell  Home  Work

Exempt from immunizations because of religious conviction:  Yes  No

Child immunization records attached:  Yes  No

Date

[Date box]

Signature of Authorized Family Member/Guardian

[Signature box]