

St. Joseph PSR
Confidential Health Form 2009-2010

Please fill out 1 **form for each child** you are registering.
Additional information may be added on the back.

Child's Full Name _____

Date of Birth: _____ Grade: _____

Address: _____ Home Phone: _____

_____ Chicken Pox
_____ Frequent Ear Infections
_____ Hearing difficulty
_____ Asthma
_____ Eczema, hives or other skin conditions
_____ Diabetes
_____ Vision problems
_____ Severe headaches or migraines

_____ Hay fever
_____ Recurrent strep throat
_____ Seizure or convulsions
_____ Heart problems
_____ Learning Disability
_____ Developmental Delay
_____ ADD/AHD
_____ Others

Hospitalizations—reason and approximate date _____

Operations—please specify _____

Serious Illness or Injury—please specify _____

Any other issues affecting this child's attendance/performance in school that the teacher should know?

Parent Signature