



Cathedral School Phone: (218) 281-1835 Fax: (218) 281-1747

**Cathedral School Health Information Sheet: Parent's Report**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
**EMERGENCY CONTACT (if parent is unavailable):** Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

YES	NO	PROBLEM	IF YES, EXPLAIN
		Vision Problem: Glasses or Contacts	
		Hearing Problems	
		<b>Allergies:</b> To What? Type of Reaction?	
		Stomach Problems	
		Heart Problems (Ex: Murmur)	
		Skin Problems	
		Bladder or Kidney Problems	
		Bone, Joint, or Muscle Problems	
		<b>Diabetes</b>	
		Lung Problems (Ex: <b>Asthma</b> )	
		Epilepsy or <b>Seizures</b>	
		Surgeries or Hospitalizations	
		Mental Illness (Ex: Depression, Anxiety, etc.)	
		Emotional Problems	
		Behavior Concerns (Ex: concerns, ADD, ADHD, etc.)	
		OTHER: Chickenpox History	Date of Chickenpox Illness: _____

\*The items in **RED** will need additional paperwork completed each school year. The School Nurse will send you the forms.

**Does your child take any medication?** \_\_\_ Yes \_\_\_ No

If medications are to be given in school, please contact the Cathedral School for the **Medication Consent Form**. The form is **REQUIRED** for all medications taken at school including prescription and over the counter meds and must be signed by BOTH the medical provider and the parent.

I agree to allow the above information to be shared with teachers and staff in order to provide comprehensive care to my student.

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for completing and returning these forms. Please let me know if you have questions or concerns regarding your child's health!

*Nanette Widseth, RN, PHN, Licensed School Nurse*