St. Philip Neri Catholic School

Annual Student Health Update

2025 – 2026

Student Name: _____ Grade: _____

Your help is needed to update your child's health status and assist school personnel to identify potential classroom emergencies and health issues that may affect your child's learning. Please complete this form and return it to school.

Please check any health concerns that pertain to your child:

	ADD / ADHD		Dental Problems		Kidney / Bladder Problems
	Allergies		Diabetes		Menstrual Cramps (severe)
	Anemia		Eating Disorders		Nose-Bleeds (frequently)
	Asthma		Emotional / Mental Health		Recent Surgery
	Birth Defect		Epilepsy or Seizures		Recurrent Headaches
	Bowel Problem		Growth Disorder		Scoliosis
	Cancer / Leukemia		Hearing Problems		Shunt
	Cerebral Palsy		Heart Problems		Sickle Cell Disease
	Color Blindness		Hemophilia		Vision
	Concussion History		Joint Problems		

Other (please specify): _____

_____

If you checked any of the above, please specify symptoms, treatment, restrictions and needed adjustments.

_____

_____

_____

____ My child has no health needs requiring special consideration at school.

<u>It is the parent's responsibility to notify the school if changes occur.</u>

List all medications that your child is currently taking (include name, dose, time and reason):

_____

_____

_____

A medication authorization form must be completed for each medication given at school.

Immunizations in the past year only (month / year):

DPT / TD ____ / ____ Polio ____ / ____ MMR ____ / ____ Chicken Pox ____ / ____

Hepatitis B ____ / ____, ____ / ____, ____ / ____

Date of last physical exam: _____ Date of last dental exam: _____

Date of last eye exam: _____ Glasses: Yes __ No __ Contacts: : Yes __ No __

Primary Physician: _____

Address: _____ Office Phone: _____

Primary Dentist: _____

Address: _____ Office Phone: _____

Parent / Guardian Signature: _____ Date: _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

*** **Please fill out and return with your Registration** ***

2/1/20