Lebanon Catholic SCHOOL

**LEBANON CATHOLIC SCHOOL**
**NURSE'S OFFICE**
**1400 Chestnut Street, Lebanon, PA 17042**
**Phone: 717-273-3731 Fax: 717-274-5167**
**Website: www.lebanoncatholicschool.org**

# STUDENT HEALTH INFORMATION

Date_____

Student's Name _____ M/F _____ Grade _____
Last First

Date of Birth _____ Telephone_____

Address _____

Parent's Name: Father _____
Last First M.I.

Mother _____
Last First Maiden Name

Previous school attended_____

Has your child had any Childhood Illnesses? Yes No

Does your child have heart problems? Yes No

Does your child have Diabetes? Yes No

Has your child had any trouble with ears or hearing? Yes No If yes, what age_____

Has your child had any trouble with eyes or seeing? Yes No If yes, what age_____

Has your child ever had a convulsion? Yes No If yes, what age_____
Explain _____

Does your child have asthma? Yes No
If yes, name medication_____

Has your child ever had a reaction to any medication or injections? Yes No
If yes, name medication_____

Has your child ever been in the hospital? Yes No
Reason_____
When _____Hospital_____

Has your child had any accidents, broken or fractured bones? Yes No
Explain_____
When _____

Is your child under doctor's care at present? Yes No
Reason_____
Physician_____

Is your child taking medicine other than vitamins? Yes No
If yes, what medicine_____