

Saint Michael School
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School Entry Health Information Questionnaire

Dear Parent/guardian,

Thank you for taking the time to answer these important questions to assure a healthy start for your child at Saint Michael School. Parents of children with special health care needs should contact the school nurse or Principal to develop an Individual Health Care Plan, if necessary.

Best to you, Linda Sullivan, RN, BSN, NCSN

Child's Name: _____ DOB: _____ Male or Female (please circle) Grade Entering: _____

- Has your son/daughter ever been hospitalized? YES___ NO___ If yes, list date/s and reason:
- Vision and Hearing Status: (Please check appropriate response. If you answer "yes" to any of the questions, please explain further in the space provided below.)

Does your child have any vision problem/s?	YES___ NO___
Have his/her eyes ever looked "crossed"?	YES___ NO___
Does your child wear glasses?	YES___ NO___
Has your child had history of frequent ear infections?	YES___ NO___
Does your child have difficulty hearing?	YES___ NO___
Does your child have hearing aides?	YES___ NO___

Explain further if necessary:
- Does your son/daughter have any allergies? YES___ NO___
If yes, please check all that may apply and describe the type of reaction/symptom/s, and how it is treated.
Food/s: _____ Environmental (Pollen/ragweed/mold/dust, etc): _____
Insect/s: _____ Latex: _____ Other: _____
Is emergency epinephrine (Epi-pen/Twinjet/or generic medication) prescribed for your child? YES___ NO___
- Does your son/daughter take any medication on a daily basis? YES___ NO___
If yes, please list medication/s and diagnosis/reason for administration:
- Please indicate if your son/daughter has or has had any of the following: ASTHMA_____, DIABETES_Type I or II, HEADACHES_____, HEART CONDITION_____, SEIZURES/CONVULSIONS_____, FREQUENT NOSEBLEEDS_____, BOWEL or BLADDER CONCERNS_____, CHRONIC ILLNESS_____, FREQUENT SORE THROAT/STREP_____, OTHER_____.
If you checked any of the preceding, please explain:
- Is there any health issue/s (behavioral, emotional, or physical) pertaining to your child that we should be aware of in order to better care for your child at school?
- Is your son/daughter potty-trained? YES___ NO___ If no, you must speak with Mrs. Rogge and/or Mrs. Gosselin before registering for school.
- Do you have medical insurance for your child? YES NO
If no, please speak with your school nurse or contact the Health Care for All Hotline at 800-272-4232 and/or visit the website at www.mass.gov/dma for low-cost or free health insurance for your child.