



St. Aloysius Catholic School

P.O. Box 522
52 Church Street
Gilbertville, MA 01031
413-477-1268

CONFIDENTIAL HEALTH QUESTIONNAIRE

Student Name: _____ **DOB:** _____ **Grade:** _____

Dear Parent/Guardian,

Welcome to St. Aloysius Catholic School! In order to help us provide a safe environment and proper care and comfort to your child please take a few moments to answer the following questions.

1. Does your child have health concerns/considerations of which we should be aware?

2. Does your child take any medication regularly? (If yes, please include name of medication and reason for taking)

3. Will your child require regular medication during school hours? (*If yes, please include the name, dose and time of medication administration.)

4. Does your child have any allergies? _____ If yes what is the allergy? _____

What are the triggers, symptoms, and treatment for the reaction? (* Is emergency epinephrine is required?)

5. Does your child wear eyeglasses? _____ Part time/full time? _____

6. Does your child require/wear hearing assist devices? _____ If yes, please explain:

7. Does your child require any other assistive devices? _____ If yes, please explain:

Parent/Guardian Signature: _____ Date _____

Thank you for providing this very important information. If you have any health concerns or questions, please feel free to contact me.

Debbie Horn, RN
School Nurse / email: nurse@staloyuscs.com

*Please request a medication order and consent form.