

St. Therese Nursery School
Health Information

Child's Name _____

Does your child have, or has your child had at any time a history of:

Asthma _____

ANY Food allergies (such as nuts, or shellfish) _____

Milk allergy _____

Latex allergy _____

Animal allergy (dogs, cats, etc.) _____

Allergy to bee stings or other insect bites/stings _____

Diabetes _____

Heart Murmur _____

Heart Disease _____

Tuberculosis _____

Hepatitis _____

Epilepsy _____

Seizures _____

Is your child on any medications for any health-related condition?
(for example, an inhaler for asthma)

Please list any special health information or health problems that would be of concern to the school personnel, any chronic conditions, any symptoms that should be watched for at school, or any restrictions on activities.