

**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, Epi Pen)

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.