



# 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?

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

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

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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?)

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

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

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

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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.

Maxine Fairbanks, RN BSN

School Nurse / email: nurse@staloyuscs.com

\*Please request a medication order and consent form.