St. Cletus School

700 W. 55th Street
La Grange, IL 60525

(708) 352-4820 phone
(708) 352-0788 fax
www.stcletusschool.com

[ONE FORM PER STUDENT]

School Nurse Questionnaire 2023-2024

Dear Parent,

In an effort to help us provide optimum health services for your child and keep your child's school health record complete and up-to-date, we ask your cooperation in providing the following information:

1. Has your child had any serious illness, operation or injury? If yes, please specify: _____ Yes ____ No ____
   _____
2. Does your child have any known allergies? If yes, please note allergy and treatment: _____ Yes ____ No ____
   _____
3. Does your child have asthma? If yes, please note medication and restrictions, if any: _____ Yes ____ No ____
   _____
4. Is your child allergic to insect stings? If yes, specify treatment procedure: _____ Yes ____ No ____
   _____
5. Is your child on any medications? If yes, specify: _____ Yes ____ No ____
   _____
6. Does your child need medication in school? If yes, please complete the "School Medication Permission Form" and follow its directions. Yes ____ No ____
7. Does your child have a special learning need or receive special services of any type? If yes, please explain:_____ Yes ____ No ____
   _____
8. Does your child have any vision or hearing problems? If yes, please explain: _____ Yes ____ No ____
   _____
9. Does your child have any health concerns of which the school should be made aware? If yes, please explain:_____ Yes ____ No ____
   _____

Child's Name: _____ Grade: _____ Birth Date: _____

Parent Signature: _____ Date: _____