

**St. Mary's Secondary School**

**HEALTH FORM**

**Confidential**

Student's Name: \_\_\_\_\_

Parents/Guardians' Names: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

1. Does your daughter have any particular health problems? Yes  No

**If yes, please fill out the reverse of this sheet.**

Is she suffering from any injury that we should be aware of?

\_\_\_\_\_

Is she on any particular medicine or treatment which we should be aware of?

\_\_\_\_\_

2. Is there any problem (Family, Financial, etc.) which, in your opinion, could affect your daughter's progress in school or participation in school related activities?

\_\_\_\_\_

\_\_\_\_\_

3. Do we have your permission to take your daughter to hospital in an emergency? \_\_\_\_\_

**(Please note that it is the parent(s)/guardian(s) responsibility to inform the relevant year head if the above information changes)**

Signatures of Parents/Guardians: \_\_\_\_\_

\_\_\_\_\_

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**Please note: Members of staff have no permission to administer medication and cannot be required to do so.**

**St. Mary's Secondary School**  
**Student's Medical Condition**

**Confidential**

What is the medical condition? \_\_\_\_\_

\_\_\_\_\_

When was medical condition diagnosed? \_\_\_\_\_

\_\_\_\_\_

What are the symptoms? \_\_\_\_\_

\_\_\_\_\_

What are the areas of risk? (these should be clearly defined): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the known triggers? \_\_\_\_\_

\_\_\_\_\_

What is the prognosis? \_\_\_\_\_

\_\_\_\_\_

How was the student supported in primary school? \_\_\_\_\_

\_\_\_\_\_

What medication, if any, does your daughter require during the school day?

\_\_\_\_\_

Any further information? \_\_\_\_\_