



St. Louise de Marillac School
310 McMurray Road, Upper St. Clair, PA 15241
Phone: 412.835.0600 Fax: 412.835.2898
www.stlouiseschoolpa.org

Preschool Health Office Requirements

There is a full time school nurse present during the day when St. Louise de Marillac School is in session.

Two things are required prior to entry into school on the first day:

- Completed Health History form (see Page 2 below)
- Proof of age appropriate immunizations from the child's physician.

During the course of the school year we also require that each child provides us with a record of a physical and a dental exam. There are other forms that you will receive prior to the school year which will allow you to provide us with emergency contact information and any health concerns.

Welcome to the St. Louise de Marillac School Family!

The School Nurses



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HEALTH HISTORY

Name: _____

Date of Birth: _____

Address: _____

Telephone Number: _____

Father: _____

Mother: _____

MEDICAL HISTORY

Yes No

More Information

Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac Problems.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headaches/Migraines.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitalizations/Operations.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (medical issues/concerns).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic conditions which require medication, restriction of activity or which might affect his/her education? If so, specify: _____

Parent's Signature _____

Date: _____