



Sacred Heart Catholic School

540 N. 31st St. – Lincoln, NE 68503 – (402) 476-1783

2018-2019 Student Medical Information

Modified 3-6-2018

Please complete for each child enrolled at Sacred Heart Catholic School

Student name: _____ **Grade:** _____

Does this student have asthma? Yes No

Does the student wear glasses/contact lenses? Yes No

Does the student currently take medication regularly? Yes No If yes, please list: _____

List any allergies and reactions: _____

List any dietary restrictions and the reason:

Other medical concerns or information:

Student name: _____ **Grade:** _____

Does this student have asthma? Yes No

Does the student wear glasses/contact lenses? Yes No

Does the student currently take medication regularly? Yes No If yes, please list: _____

List any allergies and reactions: _____

List any dietary restrictions and the reason:

Other medical concerns or information:

Student name: _____ **Grade:** _____

Does this student have asthma? Yes No

Does the student wear glasses/contact lenses? Yes No

Does the student currently take medication regularly? Yes No If yes, please list: _____

List any allergies and reactions: _____

List any dietary restrictions and the reason:

Other medical concerns or information:

Student name: _____ **Grade:** _____

Does this student have asthma? Yes No

Does the student wear glasses/contact lenses? Yes No

Does the student currently take medication regularly? Yes No If yes, please list: _____

List any allergies and reactions: _____

List any dietary restrictions and the reason:

Other medical concerns or information:

Student name: _____ **Grade:** _____

Does this student have asthma? Yes No

Does the student wear glasses/contact lenses? Yes No

Does the student currently take medication regularly? Yes No If yes, please list: _____

List any allergies and reactions: _____

List any dietary restrictions and the reason:

Other medical concerns or information: