

**ST. THOMAS SCHOOL**  
**69 North Avenue**  
**Sanford, ME 04073**

PLEASE FILL OUT AND RETURN TO SCHOOL

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Physician's Address \_\_\_\_\_

Allergy to Bee, Wasp, Hornet or other insect \_\_\_\_\_

Does child require an Epi-Pen, Benadryl, or other medicine if stung? \_\_\_\_\_  
If so, please provide the school with the appropriate medicine.  
Does child require hospitalization if stung? \_\_\_\_\_

Other allergies, please list \_\_\_\_\_

Asthma \_\_\_\_\_ Inhaler \_\_\_\_\_  
ADHD OR ADD \_\_\_\_\_ Medication \_\_\_\_\_

Diabetes \_\_\_\_\_

Dizzy or Fainting Spells \_\_\_\_\_

Epilepsy (seizures) \_\_\_\_\_ Medication \_\_\_\_\_

Frequent Stomach Aches \_\_\_\_\_

Heart Problems \_\_\_\_\_ Any Restrictions \_\_\_\_\_

Kidney Infections \_\_\_\_\_ Medications \_\_\_\_\_

List any immunizations (shots) your child has received since you last filled this  
out(type & date given) \_\_\_\_\_

Does child wear glasses? \_\_\_\_\_ Date of last eye doctor visit \_\_\_\_\_

Any hearing loss or problems? \_\_\_\_\_

Date of last complete physical \_\_\_\_\_

Date of last dental exam \_\_\_\_\_

Has your child had any illness since he/she were last in school, i.e. Chicken Pox

Is your child taking any medication? \_\_\_\_\_ If yes, and not already listed  
above (give name, dosage, & times given) \_\_\_\_\_

Anything else we need to know about your child? \_\_\_\_\_

Any restrictions for physical education class? \_\_\_\_\_ If so, please attach a  
physician's note specifying such restrictions.