

**Bishop Brady High School
Student Medical Update 2008-2009**

To Be Completed by Parent (*every year to update our records*)

Today's Date _____

Student's Name: _____ (*Please circle*) *Freshman* *Sophomore* *Junior* *Senior*

Do you have a past or present history of: (***Please circle, then explain***)

Head	Dizziness Headaches/Migraines Past Head Injury Ear Problems Visual Problems Other	Psych	Stresses easy Anxiety/Panic Depression Substance Abuse Any Eating Disorder Self Mutilation Other
Chest	Frequent Bronchitis/Pneumonia Asthma/Exercised Induced Heart Murmur or abnormalities Other	Endocrine	Thyroid Disease Diabetes Other
Abdomen	Indigestion Intestinal Problems Kidney Disease Other	Any Learning Disability-	Yes / No Treatment Plan _____ Medication _____

EXPLAIN any circled items above: _____

Other **pertinent history**: _____

Any concerns at all you have that you feel we should be aware of: _____
Any concerns with **sports** participation _____

Allergies Please list any _____

Any severe – requiring the need for *epi-pen treatment* _____
(if yes please have your doctor send in the appropriate forms for our files- this needs to be done yearly)

List any medicine and dosage your child is taking by prescription or over-the-counter

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Signed by parent _____ Date _____

A reminder . . .

Make sure your child's immunization record is up to date for our files. Students will not be allowed to attend school until all proper medical/immunization documents are sent to us.