

ST. MARY STUDENT HEALTH QUESTIONNAIRE 2026-27 ANNUAL UPDATE

Student Name _____ Grade _____

Dental Exam Month/Year: ___/20___ Vision Exam (Completed by Eye Dr.) Month/Year: ___/20___

Vision: Does your child wear glasses? _____ Contact lenses? _____ Color vision deficiency? _____

MY CHILD HAS NO SPECIAL HEALTH NEEDS= ****May Skip to Signature at Bottom of Page.**

ALLERGIES: To what? _____ **Complete back side for Food Allergies.**

How does your child react to this allergy? _____

- Epinephrine Auto Injector is prescribed for this allergy.
- My child must sit at a designated **“Nut-Limited” Table** for lunch. (Other allergy seating may be provided upon written request and school meeting).

School hot lunches do not contain nuts. If additional accommodations are needed due to allergies/medical conditions, contact your child’s teacher and the hot lunch coordinator: becky.billings@stmarysbellevue.com.

ASTHMA/RAD:

- Inhaler or Nebulizer prescribed for school use: _____
- Administer prior to PE & Recess is ordered by a physician: _____

SEIZURES/Type: _____

- Rescue/Emergency medication prescribed: _____
- Date of last convulsive seizure Month/Yr: ___/___/___ Restrictions? _____

DIABETES/Type: _____ **CGM Model:** _____ **Glucose Meter Model:** _____

- Insulin Pump Model: _____
- Circle if prescribed: Nasal Baqsimi Injectable Glucagon Other: _____

OTHER:

- Circle: ADD ADHD ASD
- Hearing Loss/Circle: RIGHT LEFT BOTH. Special classroom seating? _____ Hearing aid? _____
- Heart Condition Diagnosis: _____ Cardiac Surgery Month/Yr: ___/___/___
Restrictions? _____ (yearly doctor note must be provided).
- Medications taken daily at home: _____
- Other: _____ Restrictions? _____ (yearly doctor note must be provided).

I acknowledge and understand the following:

1. **Any prescribed Emergency/Rescue Medication (Asthma, Anaphylaxis, Seizures & Diabetes) is expected to be provided to school along with an updated Physician’s Action Plan annually. Failure to do so increases your child's risk of a medical emergency at school.**
2. **Self Management of Emergency/Rescue Medications permitted in 6-8th grades only with documentation submitted annually per [Nebraska State Law](#). School is NOT responsible for the unknown self management of any student medications.**
3. Prescription medication requires written physician authorization- request fax to 402-800-9312.
4. **CERTAIN over the counter medicines are permitted with a parent signature, see guidelines [HERE](#).**
5. Medications are kept in the school office, with the exception of [cough drops](#).
6. Health information is shared with pertinent school staff to facilitate a safe learning environment.

****Parent/Guardian Signature:** _____ **Date:** _____

Student Name _____ Grade _____

A. LIFE-THREATENING FOOD ALLERGY INFORMATION/ANAPHYLAXIS (complete #1-3 also)

- Food/s: _____ History of Reaction: _____

Is this allergen safe to eat in baked foods (ex: egg allergy but okay to have eggs in baked goods)

Yes _____

NO

- **Anaphylaxis Allergy Plan** at school with required emergency medication?

YES

No

Date Emergency Medication Last Administered: ___/20___ (Month/Year)

The school will do its best to minimize the risk of exposure to nuts and other allergens, but cannot guarantee that the facility or dining area will be allergen free. School staff are available to help, but are not responsible for interpreting specific ingredients for your child. Ultimately, all students with dangerous allergies must be educated in how to protect themselves. **Communication between the home and school** is important whenever food is involved to ensure the continued safety and welfare of all our students.

B. FOOD INTOLERANCE INFORMATION (complete #1-3 also)

- Food/s: _____ History of Reaction: _____

- Parents providing **Antihistamine (Benadryl, Zyrtec, etc.) OR Lactaid** to school?

YES, list: _____

No

1. Lunches:

Only cold lunch from home?

Yes

No

Parent responsibility to preview hot lunch ingredients for safety on days ordered:

[Westside Contract Meals - MealViewer Schools](#) Click on the upper left menu bar for "Allergens". School hot lunches do NOT contain nuts.

If special meals or milk alternatives are needed due to allergies/medical conditions, contact the school office and the hot lunch coordinator.

- Submit the required form completed by your physician [HERE](#).

2. School Snacks/Celebrations: Snacks shared with students at school should **not contain intentional nut ingredients**. But food labels with possible nut cross contamination statements **"May contain nuts" or "Produced in a facility that also processes nuts" are permitted.**

Parents provide alternative, safe snacks for teachers to have on hand—**Strongly recommended.**

OR

Student can **independently** determine what is safe to eat.

3. Art Projects: My child may work with materials containing the food allergen?

YES

No

Parent/Guardian Signature: _____ Date: _____

A Food ALLERGY



A Food Allergy
is a Cellular Immune-mediated reaction.
It affects the

Immune System

Food Allergies
Can be Fatal

A Food INTOLERANCE



A Food Intolerance
is not an Immune-mediated reaction.
It affects the

Digestive System

Intolerances are
Not Life-Threatening

OR

Must Completely Avoid Foods

Immediate Reaction (0-2 Hours)

Common Foods

Peanuts
Tree Nuts
Milk
Eggs
Wheat
Soy
Fish
Shellfish
Sesame

Symptoms

Itching, Hives
Swollen Lips, Tongue
Vomiting, Diarrhea
Wheezing
Difficulty Breathing
Dizzy, Fainting (Drop in BP)
Sense of Doom

Can Limit or Avoid Foods

Delayed Reaction (20mins.- 48 Hours)

Common Foods

Wheat & Other Grains
Dairy Products
Beans & Legumes

Symptoms

Stomach Pains
Cramps, Bloating
Gas
Diarrhea