



STUDENT HEALTH RECORD

Name of Student (Last, First, Middle) Date of Birth Grade Teacher

To Parent/Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you furnish the following information for emergency calls:
Name of Parent/Guardian (Last, First, Middle) Cell Number Work Number Home Number

HEALTH INFORMATION:
ALLERGIES: YES: NO: Reaction to Allergies:
Asthma: Yes: No:
Uses an inhaler at school
Uses an inhaler at home

MEDICATIONS PRESENTLY TAKING
Medication Name: Reason for taking medication:
Prescription Medications must be registered with the School Nurse.
Physician to contact in case of emergency: Office Number:

OVER THE COUNTER AUTHORIZATION
Ibuprofen (Motrin, Advil) Acetaminophen (Tylenol) Other:
AUTHORIZATION IS HEREBY GRANTED FOR THE School Clinic to administer over-the-counter Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil) medication, as directed.
Parent/Guardian Signature Date

I, the undersigned, do hereby authorize officials of St. John's Catholic School to contact directly the persons named on this form, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child.
In the event the parents, physician, or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the emergency care and/or transportation of said child.

Name of Parent/Guardian Signature Date