St. John the Baptist Catholic School

2024-2025

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
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HEALTH INFORMATION:

ALLERGIES: **YES:_____** **NO:_____**

◊Food_____

◊Insects_____

◊Environmental_____

◊Medications_____

◊Other_____

Reaction to Allergies:

Hives/Rash

Breathing difficulty

Other:_____

Other:_____

Asthma: Yes:_____ No:_____

_____Uses an inhaler at school

_____ Uses an inhaler at home

MEDICATIONS PRESENTLY TAKING

Medication Name:_____ Reason for taking medication:_____

Medication Name:_____ Reason for taking medication:_____

Medication Name:_____ Reason for taking medication:_____

Prescription Medications must be registered with the School Nurse. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of the drug's expiration when appropriate.

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 will be called before OTC medication is administered.

_____

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.

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Name of Parent/Guardian Signature Date