



Saint John XXIII Catholic School Community Medical Student Data Sheet

First	Middle	Last
Address		
City	State	Zip Code
Date of Birth	Home Phone	Cell Phone

Student Residence

Lives With	Parent's Names	
If child does not live with both parents, please indicate (check all that apply)	<input type="checkbox"/> Lives with Biological or Adoptive Father <input type="checkbox"/> Lives with Biological or Adoptive Mother <input type="checkbox"/> Lives with Legal Guardian <input type="checkbox"/> Lives with Custodial Guardians	<input type="checkbox"/> Lives in Foster Home <input type="checkbox"/> Father is deceased <input type="checkbox"/> Mother is deceased <input type="checkbox"/> Other

****Custodial/legal guardian(s) must provide court certified custodial documents****

Health Information

Heart Problems	__ Yes __ No	Medication	Wears Glasses	__ Yes __ No
Asthma	__ Yes __ No	Medication	Wears Contacts	__ Yes __ No
Diabetes	__ Yes __ No	Medication	Wears Braces	__ Yes __ No
Epilepsy	__ Yes __ No	Medication	Wears Retainers	__ Yes __ No
Other		Medication		
Does your child have any allergies? Food or environmental	__ Yes __ No	Please List		
Is your child on any regular medications?	__ Yes __ No	Please List		
Insurance Company		Policy		

I Do ___ Do Not ___ authorize the school nurse at Blessed Pope John XXIII Catholic School to share the necessary and appropriate medical information for my child, as stated above, with the proper staff at Blessed Pope John XXIII Catholic School. It is ___ is not ___ my expressed wish that the school nurse inform all essential Blessed Pope John XXIII staff about my child's specific medical needs as indicated above.

Siblings

Name	Date of Birth	Current School
Name	Date of Birth	Current School
Name	Date of Birth	Current School

Parent Signature	Date
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