SAINT JOHN XXIII CATHOLIC SCHOOL

HEALTH AND EMERGENCY INFORMATION FORM

This form is mandatory for ALL students

Please COMPLETE ONE FORM PER CHILD & return to the School Nurse

Student's Name	Date of Birth	Grade/Room	M F Sex
Student's Address	City, State, Zip		
Mother's/Legal Guardian's Name	Father's/Legal Guardian's Name		
( ) Daytime Phone / ( ) Cell Phone	( ) Daytime Phone / ( ) Cell Phone		
Address (if different from Student's)	Address (if different from Student's)		

Alternative Emergency Contacts – If Parents Cannot be Reached

Primary Emergency Contact	Secondary Emergency Contact
( ) Daytime Phone / ( ) Cell Phone	( ) Daytime Phone / ( ) Cell Phone

Student Health & Medical Information

Allergy to Food/Medication/Other_____

Please indicate if your child has any medical conditions not listed:

_____

_____

Medication child takes regulary: _____

_____

Epipen_____ _ Benadryl_____

Asthma_____ Inhaler_____

Diabetes_____ _ Headache or Migraine_____

Cardiac_____ Seizures_____I_____

ADD/ADHD____ Skin_____Anxiety_____

Autoimmune_____

Physician's Name	Phone Number
Dentist's Name	Phone Number
Name & Address of Preferred Hospital (if any)	Phone Number
Insurance Company	Group & Policy Number

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my student. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the Student to be given medical care by the doctor or hospital selected by the School. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill. I authorize the School to release medical information about my student to his/her care provider. I authorize the School to release care and custody of my student to the emergency contacts listed above. It is understood that the consent and authorization given hereby are continuing and apply throughout the current school year. It is further understood that insurance or parent of student will pay any expenses incurred. Payment of such expenses is not a school responsibility.

Signature of Parent/Legal Guardian	Date