



SAINT JOHN XXIII CATHOLIC SCHOOL
HEALTH AND EMERGENCY INFORMATION 2020-2021

This form is mandatory for ALL students
 Please COMPLETE ONE FORM PER CHILD & RETURN to the School Nurse

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Student's Name _____ Date of Birth _____ Grade/Room _____ 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 _____ Epipen _____ Benadryl _____
 Please indicate if your child has any medical conditions not listed: Asthma _____ Inhaler _____
 _____ Diabetes _____ Headache or Migraine _____
 _____ Cardiac _____ Seizures _____ I _____
 Medication child takes regularly: _____ 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 _____