

St. John the Baptist Catholic School
MEDICAL / EMERGENCY CARE INFORMATION 2020-2021

Student Name: _____ Grade: _____

Address: _____ City/State/Zip: _____

Gender: ____ Birth Date: _____ Phone #: _____

Parent/Guardian Name: _____ Cell #: _____ Work # _____

Parent/Guardian Name: _____ Cell #: _____ Work # _____

So that we can provide your child with the best possible care, information included on this form will be shared with appropriate staff.

Any special health needs or problems that require attention or assistance of school staff?

Serious illnesses/injuries in the past year: _____

Has your child ever had surgery? _____ Date(s) _____

History of allergic reaction? _____ Yes _____ No

If yes, please describe reaction and treatment necessary:

Does your child need a special diet? ____ What kind? _____

Daily medications (Name/Dose/Reason for medicine): _____

Please note: An additional form is required to administer medication of any type to your child while he/she is at school. Please request a Prescription or Over the Counter Medication form if needed.

Is there any reason why your child should not participate in Physical Education class? If yes, please give details _____

Is child covered by health insurance? ____ If yes, please provide the following:

Insurance Co. _____ Phone # _____

Subscriber: _____ ID/Policy # _____

Physician: _____ Address: _____

Physician Phone: _____

I GIVE MY PERMISSION FOR MEDICAL TREATMENT TO BE GIVEN TO MY CHILD IN THE EVENT OF AN EMERGENCY, TRAUMA, OR CONDITION REQUIRING SUCH TREATMENT.

Signature/Date: _____ Signature/Date: _____

OVER >>>

Emergency contact person(s) other than parents. Please indicate if your child may be released to this person in an emergency if you cannot be contacted.

Name: _____ Relation: _____ Phone: _____

May your child be released to this person? Yes or No

Name: _____ Relation: _____ Phone: _____

May your child be released to this person? Yes or No

By signing, I/we verify all information is accurate and complete. I/we realize that failure to provide accurate information about my/our child may jeopardize enrollment in St. John's school. I/we further verify that no information has been omitted.

Parent/Guardian Signature

Please print name

Date

Parent/Guardian Signature

Please print name

Date