

**St. John the Baptist Catholic School**  
**MEDICAL / EMERGENCY CARE INFORMATION 2021-2022**

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