

MEDICAL INFORMATION FORM

Name: _____ Birth date: _____ Grade: _____
Address: _____ Phone #: _____
Father's Name: _____ Father's Work Phone #: _____
Mother's Name: _____ Mother's Work Phone #: _____
Physician: _____ Address: _____ Phone #: _____
Eye Doctor: _____ Phone #: _____ Dentist: _____ Phone #: _____

CIRCLE ONE – PLEASE EXPLAIN ALL QUESTIONS ANSWERED YES: (Feel free to use the back of this page if needed)

Yes No Premature at birth: _____ Birth Weight: _____
Yes No Birth defects: _____
Yes No Allergies (Food, bees, medications, environment or other) _____
Yes No how are allergies treated? _____
Yes No Will your child need to be given any medications at school? (Please list) _____

(A MEDICATION AUTHORIZATION FORM NEEDS TO BE COMPLETED IF ANY MEDICATION IS TO BE GIVEN AT SCHOOL – MEDICATION NEEDS TO BE PROVIDED BY THE FAMILY)

Yes No Concerns about vision: _____
Yes No Concerns about hearing: _____
Yes No Earaches of ear infections: _____ How Often: _____
Yes No Heart Condition: _____ Treatment: _____
Yes No Urinary or kidney problems: _____
Yes No Bowel or stomach problems: _____
Yes No Asthma: _____ Triggers: _____
Frequency of attacks: _____ Treatment: _____
Yes No Seizures: _____ Date of last one: _____
Treatment: _____
Yes No Diabetes: _____ Date of onset: _____ Treatment: _____
Yes No Restrictions in diet: _____
Yes No Muscles or bone problems: _____
Yes No Surgeries: _____ Date: _____
Yes No Serious injuries: _____ Date: _____
Yes No Hospitalizations and reasons: _____ Date: _____
Yes No Developmental delays: _____
Yes No Other concerns that may impact school performance: _____

Insurance Company: _____ Policy # _____

If you cannot be reached in an emergency, please indicate whom you want contacted.

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: Home: _____	Phone: Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____

In case of emergency, and school officials are unable to contact the parents, guardian, or emergency contact of the named child, You, Saint Margaret Catholic School, have permission to take this student to a doctor or hospital for emergency care. This consent shall continue, until revoked in writing, by a parent or legal guardian of the student. I will not hold the school financially responsible for the emergency.

Parent(s)/Guardian(s) Name

Parent(s)/Guardian(s) Name

Date