

St. Louis School Health/Emergency Form 2011-2012

Child's Name: _____ Home Phone: _____ Grade: _____
 Address: _____ Zip Code: _____
 Birth date: _____ Sex (M/F): _____
 Lives with: both parents mother father joint custody Other _____

Mom's name: _____ Home #: _____ Work #: _____ Non-voicemail work #: _____ Daytime email: _____ Work hours: _____	Dad's name: _____ Home #: _____ Work #: _____ Non-voicemail work #: _____ Daytime email: _____ Work hours: _____
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If parents cannot be reached during an emergency (health or other type of emergency) or when a child becomes too ill to stay in school, please list persons who are available to pick up your child within an hour and to whom your child may be released:

_____ (relationship _____) Phone # _____ or _____
 _____ (relationship _____) Phone # _____ or _____
 _____ (relationship _____) Phone # _____ or _____

Physician: _____ Phone # _____

Dentist: _____ Phone # _____

Child attends St. Louis Before School Care? No Yes Days _____

Child attends St. Louis After School Care? No Yes Days _____

Child rides in carpool? No Yes Driver's name & phone #: _____

Child is transported by Bus # _____ am only pm only am & pm Days: _____

Health History: Please indicate whether your child has any of the following health issues:

Food allergies: _____ describe reaction _____

Medication allergies: _____ describe reaction _____

Other allergies: _____ describe reaction _____

*** if your child requires an Epi-pen, please provide a signed Epi-pen order

(Epi-pen form is available at www.stlouisparish.org/school/parents/healthforms)

Bee sting reaction: describe reaction _____ treatment _____

Has your child ever been stung by a bee? Yes No

Asthma: Triggers: _____ Treatment: _____

Attention Deficit Disorder: Treatment: _____

Bleeding Disorders or prolonged bleeding, describe: _____

Treatment for bleeding disorder: _____

Diabetes: Treatment _____

Ear Infections: frequency _____ tubes in ears? _____ tubes still in? _____

Hospitalizations: date _____ reason _____

Surgeries: date _____ reason _____

Cardiac Disorder: _____

Neurological Disorder: _____

Scoliosis: wears brace: _____ other treatment _____

Seizures or epilepsy: Type _____ Precautions needed at school? _____

Please explain _____ Treatment _____

Speech concerns: _____ Treatment _____

Vision concerns: _____ Glasses _____ Contacts _____

Other health concerns: _____

Does your child take any medications? @ Home _____

(please list medications) @ School _____

Please complete page 2

Child's Name: _____

Grade: _____

Does your child have a health condition that would prevent him/her from fully participating in the school day or in the physical education program?

Please explain: _____

*A note specifying restrictions is required from your child's physician.

If your child develops an illness during the school year or if you would like a conference with one of the nurses, please write, email (nurses@stlouisparrish.org) or call (410-531-7936) the Health Room.

Medication policy review:

*A medication order from a physician is required for prescription and non-prescription medications EACH school year.

Forms are available at: www.stlouisparrish.org/school/parents/healthforms

*Prescription medications must be in a labeled prescription bottle.

*Non-prescription medications must be in a non-prescription labeled container.

*Parents need to hand-carry medications to the school nurse.

*Parents need to pick up medications at the end of the school year.

In **EMERGENCIES** requiring immediate medical attention, your child will be transported to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the school to have your child transported to the hospital.

Signature of Parent/Guardian

Date

Students new to St. Louis School this year:

An immunization record and completed Health Inventory are required prior to the first day of school.

Students entering 6th grade:

An updated Health Inventory form and Immunization Record are recommended.