



Confidential Student Health Information Form

Please print clearly and complete this form in its entirety. Do not leave any fields blank. When appropriate, indicate "not applicable/N.A."

Student's Name: _____ Date of Birth: _____

Parent/Guardian #1 Name: _____

Parent/Guardian #1 Emergency Phone: _____

Parent/Guardian #2 Name: _____

Parent/Guardian #2 Emergency Phone: _____

Physician's Name: _____ Phone: _____

Health Insurance Provider: _____ Policy #: _____

MEDICAL INFORMATION

Physical Restrictions Yes No

If Yes, Please Explain _____

Medical Diagnosis/Conditions: _____

Other Health Conditions: _____

Date of Last Child Well-Visit/Physical Exam: _____

Currently prescribed medication and treatments: _____

Date of, and reason for, last hospital or emergency room visit: _____

Medications taken regularly: _____

ALLERGY INFORMATION

Food Allergies: Yes No

If YES, please list food(s): _____

Date of last severe food allergy reaction: _____

Please describe reaction: _____

Currently prescribed medication and treatments for food allergy(ies) _____

Medication Allergies: Yes No

If YES, please list medication(s): _____

Date of last severe medication allergy reaction: _____

Please describe reaction: _____

Other Allergies (Bee Stings, Pollen, Latex): Yes No

If YES, please list which: _____

Date of last severe allergy reaction: _____

Please describe reaction: _____

Currently prescribed medication and treatments for other allergy(ies): _____

FOOD RESTRICTIONS

Due to Gastrointestinal distress: **Yes No**

If YES, please list food(s) to avoid: _____

Due to religious or other preferences: **Yes No**

If YES, please list food(s) to avoid: _____

EMERGENCY MEDICAL AUTHORIZATION

The parent(s)/guardian(s) named above hereby authorizes St. Paul's Episcopal Preschool to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and /or the administration of medication to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when the parent(s) cannot be reached. Otherwise, parent/guardian can be expected to be notified immediately. Parent(s)/guardian(s) have read St. Paul's Episcopal Preschool's policy on the administration of medication as outlined in "Religiously Exempt Child Day Care Center Program Decision to Administer Medications".

The parent(s)/guardian(s) is responsible for notifying St. Paul's Episcopal Preschool of any newly diagnosed medication and allergy conditions during the school year and providing any medication, special food, supplies or equipment that the student requires during the preschool day. If an individual health care plan is required, the parent/guardian, and the child's physician (when applicable) is required to provide all information in order to ensure the health and safety of the child while in the care of St. Paul's Episcopal Preschool. Parents/guardians are responsible for

Parent/Guardian Signature: _____

Date: _____