



St. Thomas More Catholic School Student Health/Emergency Form

Student's Name _____ Last _____ First _____ DOB _____ Grade _____

EMERGENCY CONTACT INFORMATION (other than parent):

(1) Name: _____ Relationship: _____ Phone: (H) _____ (C) _____
(2) Name: _____ Relationship: _____ Phone: (H) _____ (C) _____

HEALTH INFORMATION:

Insurance Company: _____ Policy #: _____ GROUP # _____

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Preferred Hospital: _____ UNC _____ Duke _____

List all conditions that apply:

- ADD/ADHD
- Asthma
- Diabetes
- Emotional/Behavioral
- Migraines
- Hearing
- Heart Condition
- Seizure Disorder
- Vision
- Other/Chronic Condition _____

If checked, please explain: _____

List all Allergens:

- Food _____
- Medication _____
- Other _____

Have an EpiPen? Yes No

Daily Medications? Yes No Medication: _____ Dosage: _____

*If your child requires medication to be administered during school hours, a Medication Request Form signed by his/her physician must be completed and parents must bring the medication in the original labeled container to the nurse's office.

OTC Medications: I give permission to the school nurse to administer to my child Acetaminophen/Ibuprofen and Benadryl per his/her age or weight: Yes No Current Weight: _____

In case of an emergency or serious illness, I request the school to contact me. If school is unable to reach me, I authorize the school to call the physician listed or 911 and to follow medical personnel's instructions. I understand that the Diocese of Raleigh and St. Thomas More Catholic School assume no financial obligation for the expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Name

Parent/Guardian Signature

Date

(Rev. 9/24/15)