



St. John the Baptist Catholic School

STUDENT HEALTH RECORD

2025-2026

Name of Student (Last, First, Middle)	Date of Birth	Grade	Teacher
To Parent/Guardian: To serve your child in case of an accident or sudden illness, it is necessary that you furnish the following information for emergency calls:			
Name of Parent/Guardian (Last, First, Middle)	Cell Number	Work Number	Home Number
Name of Parent/Guardian (Last, First, Middle)	Cell Number	Work Number	Home Number

HEALTH INFORMATION:	
ALLERGIES: YES:____ NO:____	Reaction to Allergies:
◇Food_____	Hives/Rash
◇Insects_____	Breathing difficulty
◇Environmental_____	Other:_____
◇Medications_____	Other:_____
◇Other_____	

Asthma: Yes:____ No:____
____ Uses an inhaler at school
____ Uses an inhaler at home

MEDICATIONS PRESENTLY TAKING	
Medication Name:_____	Reason for taking medication:_____
Medication Name:_____	Reason for taking medication:_____
Medication Name:_____	Reason for taking medication:_____

Prescription Medications must be registered with the School Nurse. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of the drug's expiration when appropriate.

Physician to contact in case of emergency:_____ Office Number:_____

OVER THE COUNTER AUTHORIZATION	
Ibuprofen (Motrin, Advil)	Acetaminophen (Tylenol) Other:_____
AUTHORIZATION IS HEREBY GRANTED FOR THE School Clinic to administer over-the-counter Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil) medication, as directed. Parent will be called before OTC medication is administered.	
Parent/Guardian Signature	Date

I, the undersigned, do hereby authorize officials of St. John's Catholic School to contact directly the persons named on this form, and do authorize the named physician to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event the parents, physician, or other persons named on this card cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the emergency care and/or transportation of said child.

Name of Parent/Guardian Signature	Date
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