

## STUDENT HEALTH RECORD AND INFORMATION FORM

It is very important that we maintain accurate and up-to-date health records on all students.

Therefore, we request that you complete this form and return it to the Nurse's Office as soon as possible.

Student's Name \_\_\_\_\_  
Last First Middle Date of Birth

Address \_\_\_\_\_  
Home Address Home Telephone

Parent/Guardian Information:

\_\_\_\_\_  
Father's Name Business Telephone

\_\_\_\_\_  
Mother's Name Business Telephone

Physician \_\_\_\_\_  
Name Telephone

Dentist \_\_\_\_\_  
Name Telephone

Emergency Contact/Telephone No. \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Physical Challenges \_\_\_\_\_

Learning Challenges \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy No. \_\_\_\_\_

Any other information you may want us to be aware of:

### DISMISSAL POLICY

If it becomes necessary for a student to be dismissed during school hours due to illness or injury, this will be done ONLY once a parent or guardian or emergency contact person has been reached.

Otherwise, the student will remain at school.

### MEDICATION POLICY

Bishop Stang High School requires that all students who need medication during school hours must do the following:

- Present a written consent form signed by parent, physician or legal guardian.
- Bring the medication to the Nurse's Office in the pharmacy labeled bottle.
- Acetaminophen (325mg. – 650 mg.) and/or Ibuprofen (200 mg. - 400 mg.) is available in the Nurse's Office, should the need arise. However, written permission from parents or guardians must be on file before any medication can be issued.

**Therefore, please complete the permission form below.**

I hereby give permission for \_\_\_\_\_ to receive Acetaminophen and/or Ibuprofen.  
(student name)

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_