

Parish School of Religion (PSR) – Medical Form

Please complete this form for each child 1-8 so we have the most up-to-date health information for your child.

(Section 1)

Student Name: _____

Grade: _____

Check all that apply:

Birthday: _____

<input type="checkbox"/> Glasses	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lung Issue
<input type="checkbox"/> Contacts	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> History of Ear Infections	<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Tube(s)	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Orthopedic Issue
<input type="checkbox"/> Hearing Aid(s)	<input type="checkbox"/> Sleeping Disorder	<input type="checkbox"/> Neurologic Issue
<input type="checkbox"/> Allergies	<input type="checkbox"/> Bowel Issue	<input type="checkbox"/> TB Exposure
<input type="checkbox"/> Epi-pen	<input type="checkbox"/> Bladder Issue	<input type="checkbox"/> Sickle Cell Anemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Headaches
<input type="checkbox"/> Inhaler	<input type="checkbox"/> Menstrual History	<input type="checkbox"/> Recent Injury
<input type="checkbox"/> Seizures	<input type="checkbox"/> Phobias	<input type="checkbox"/> Daily Medication/ADHD medicine

If any boxes were checked please explain below including specific dates, diagnoses, medications, etc.:

Please list any other illness, injury, or health problem that might affect performance at school:

(Section 2)

In the event of a serious injury or illness, when the parent cannot be contacted, an ambulance will be called to take your child to the emergency room.

Doctor or Healthcare facility preference: _____

Has student had a routine physical exam/check-up in the past 24 months? (circle one) YES NO

Dentist or Dental facility preference: _____

Has student had a routine physical exam/check-up in the past 24 months? (circle one) YES NO

Insurance (circle one): Private or Employer provided Medicaid/MC+/Missouri Health Care for Children None

(Section 3)

The Parish School of Religion program **does not provide** over the counter medications for their students. A **Physician Consent for Medication** form must be filled out and signed by a physician if your child requires medication, prescription or over the counter. Please contact the Health Office for more information.

- Medical supplies that will be available for students include:
- Vaseline Petroleum Jelly
 - Hydrocortisone Cream
 - Band-aids
 - Calamine Lotion
 - Hydrogen Peroxide
 - Antibiotic Ointment
 - Natural Tears

Concerns about the use of these products should be addressed with the Health Office.

I authorize all of the above information is correct, and I authorize the use of the above named products for use on my child.

Parent Signature: _____

Date: _____