

# Student Health Information



**SAINT  
JOSEPH**  
Preparatory High School

*Please print or type:*

*Sponsored by The Sisters of Saint Joseph of Boston*

NAME OF STUDENT

**GRADE:**

9TH  10TH  11TH  12TH

**MEDICAL CONDITION(S):**

**GENDER:**  Female  Male

**PRESCRIPTION(S):**

MEDICATION

PRESCRIBING PHYSICIAN

PHONE NUMBER

MEDICATION

PRESCRIBING PHYSICIAN

PHONE NUMBER

MEDICATION

PRESCRIBING PHYSICIAN

PHONE NUMBER

**ALLERGIES (to food, insects, medicine):**

SPECIFIC ALLERGY

RECOMMENDED TREATMENT

SPECIFIC ALLERGY

RECOMMENDED TREATMENT

SPECIFIC ALLERGY

RECOMMENDED TREATMENT

**MEDICAL CARE INFORMATION:**

NAME OF PHYSICIAN OR CLINIC

PHONE NUMBER

STREET ADDRESS

CITY OR TOWN

ZIP CODE

NAME OF DENTIST

PHONE NUMBER

STREET ADDRESS

CITY OR TOWN

ZIP CODE

**HEALTH INSURANCE INFORMATION:**

INSURANCE PROVIDER

POLICY NUMBER

NAME OF POLICY HOLDER

In the event of an emergency, the faculty and staff of Saint Joseph Preparatory High School have my permission to seek emergency care for my son/daughter at the nearest appropriate facility.

PARENT/GUARDIAN SIGNATURE

DATE

# Medication Permission



*Please print or type:*

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NAME OF STUDENT

DATE OF BIRTH

I give the Health Office at SJPHS permission to dispense the following medications in dosages appropriate for my child's age and weight (*please check YES or NO next to each medication*):

- acetaminophen (Tylenol, etc.) for minor pain  YES  NO
- ibuprofen (Advil, etc.) for minor pain  YES  NO
- diphenhydramine (Benadryl, etc.) for allergic reaction  YES  NO
- Tums (antacid) for heartburn, upset stomach  YES  NO
- cough drops for minor sore throat/cough  YES  NO

SIGNATURE OF PARENT / GUARDIAN

DATE

PRINTED NAME OF PARENT / GUARDIAN

## *Parent / Guardian Contact Information:*

NAME OF MOTHER / GUARDIAN 1

DAYTIME PHONE NUMBER / CELL

NAME OF FATHER / GUARDIAN 2

DAYTIME PHONE NUMBER / CELL

**Emergency Contact(s):** In the event of an emergency and a parent / guardian cannot be reached, the following adult(s) may be called to give permission for my student's dismissal and transportation.

NON-PARENTAL EMERGENCY CONTACT 1

RELATIONSHIP TO STUDENT

CELL PHONE

NON-PARENTAL EMERGENCY CONTACT 2

RELATIONSHIP TO STUDENT

CELL PHONE

## **IMPORTANT NOTES:**

- All new students must submit a complete immunization record, as well as a report of a physical exam done within one year of entering SJP before school begins.
- The only medications students are allowed to carry in school are inhalers and Epipens. All other medicine should be brought to the Health Office. See the student handbook for more details about medications in school.
- Please contact the Health Office if your child has asthma, seizures, a severe allergy requiring Epipen, a chronic illness, mental health concerns or any other issues that may affect their success at school.