

**Saint Benedict Catholic School  
Student Health Clinic Form 2017 – 18**

This form will be kept in the Health Clinic along with the Student Registration Form.

Student's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

**Medical Information**

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Orthodontist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Chronic Physical Conditions: \_\_\_\_\_

Allergies or intolerances: \_\_\_\_\_

Has your child every been diagnosed with

	Yes	No		Yes	No
Diabetes			Seizures		
Hearing Difficulty			Speech Difficulty		
Heart Trouble			Visual Difficulty		
Asthma			Learning Difficulty		

Other concerns or information for the School Nurse: \_\_\_\_\_

Please list any medications the student is taking now or takes regularly and provide the reason for the medication: \_\_\_\_\_

**Permission to Administer Non-prescription Medication**

Saint Benedict School has my permission to administer medications if needed:

	Yes	No
Acetaminophen (Tylenol)		
Cough Drops		
Throat Lozenges		

**Signature**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\* The school nurse will contact you directly to get any additional information or forms that may be necessary based on the student's medical history.