

**Saint Benedict Catholic School
Student Health Clinic Form 2018 – 19**

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.