

**Saint Benedict Catholic School  
Student Health Clinic Form 2020 – 2021**

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
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Speech Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Visual Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulty	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>	<input type="checkbox"/>
Cough Drops	<input type="checkbox"/>	<input type="checkbox"/>
Throat Lozenges	<input type="checkbox"/>	<input type="checkbox"/>

**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.