

Saint Mary's High School Emergency Health Form

Please Print

Student's Name: _____ Grade: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Work () _____ Cell () _____

Mother's Name: _____ Work () _____ Cell () _____

Home Phone Number: () _____

Health Concerns: Please check the appropriate box if your student ever had or presently has...

- ADD/ADHD
- Asthma
- Diabetes
- Emotional problems
- Epilepsy or other seizure condition
- Heart Condition
- Migraine Headaches
- Surgeries

Please explain any of the boxes checked above:

List all medications taken by your student: _____

List all dietary supplements taken by your student: _____

Allergies: _____

Other Health Concerns Not Listed Above: _____

I hereby certify that, on this date, my student is physically able to attend school and participate in all physical education activities. I assume all responsibility in stating that he/she is physically able to participate in these activities. Initial here: _____

I hereby certify that all of the above information is correct. Initial here: _____

Consent for Emergency Care: Be it known that I, the undersigned parent or guardian of the above named student, do hereby give and grant unto designated school personnel and also any medical doctor or hospital, by consent to render such aid, treatment or care to said student as may be required on an emergency basis in the event the student should be injured or stricken ill.

It is hereby understood that the consent and authorization hereby given and granted are continuing, and intended by me to extend throughout the current school year.

Parent Name

Printed: _____ **Signature:** _____ **Date:** _____