Saint Teresa of Calcutta
Education Center
256 Swamp Pike Schwenksville, PA 19473 610.287.2500
Website: www.stcschool.com
***Pastor**: Fr. Paul Brandt and **Principal**: Ms. Anita M. Dixon*

MEDICAL HISTORY 2018-2019

Student Name _____ **Grade** _____
Physician: _____ **Phone:** _____
Dentist: _____ **Phone:** _____
List any known severe illness: _____
Food Allergy _____
Drug Sensitivity_____

Please circle any medical conditions:

ASTHMA	GASTROINTESTINAL	SEIZURE DISORDERS
CARDIOVASULAR	MIGRAINE	DIABETES ORTHOPEDIC

OTHER: _____

May your child's medical history be included on the confidential list? ____Yes ____No

MEDICATION

List the name and reason for medication your child is currently receiving. For additional medications, please attach a separate listing.
Name of Medication: _____

Dose_____ **Time:** _____ **Reason:**_____

Name of Medication:_____

Dose_____ **Time:** _____ **Reason:**_____

Parent/Guardians are responsible for providing to the school nurse all prescription medications needed for his/her child. All medications must be provided in the original container or package, labeled with the student's name and accompanied by the physician's order.

My child may be given the following (please check and initial medication you authorize:

_____ Tylenol _____ (initial) _____ Benadryl _____ (initial)
_____ Antacid _____ (initial) _____ Advil _____ (initial)

As the parent or guardian, I release Saint Teresa of Calcutta Education Center and the Spring Ford School District, its officers, agents, and employees from all claims or liabilities of any kind arising out of the dispensing of medication to the student pursuant to the authorization granted herein.

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MEDICAL AUTHORIZATION AND CONSENT

In the event of an emergency which would require medical care and treatment to be administered to the student. I/we hereby authorize any physician, hospital or other health care provider to give emergency medical care and treatment to this student. The undersigned have read this Medical Authorization Consent Form and declare and affirm that I/we consent to the consents herein stated.

_____

Parent/Guardian (Please print) **Parental Signature** **Date**

_____

Parent/Guardian (Please print) **Parental Signature** **Date**

Insurance: Please supply us with information regarding medical insurance coverage:
Insurance Carrier: _____
Policy Number: _____

POTASSIUM IODIDE CONSENT FORM

YES I **DO** give my consent for my child to be given potassium iodide (KI), when instructed by public Health officials, in the event of a radioactive emergency during school hours.

NO I **DO NOT** give my consent for my child to be given potassium iodide (KI), when instructed by public health officials, in the event of a radioactive emergency during school hours.

Parental Signature: _____ **Date:** _____

EMERGENCY INFORMATION

STUDENT'S NAME: ________ GRADE: ____ BIRTHDATE: _____

PRIMARY ADDRESS:

_____

Street City Zip Telephone #

SECONDARY:

_____

Street City Zip Telephone#

Father's Name _____ Cell #: _____

Mother's Name _____ Cell #: _____

EMERGENCY CONTACT

An emergency may constitute illness of child, early dismissal due to snow or other unforeseen circumstances, or a Limerick nuclear incident (as outlined in our school handbook.) In case of an emergency when parents cannot be contacted, I authorize that the following individuals be notified and give them permission to pick up my child from Saint Teresa of Calcutta or at the emergency evacuation sites.

Please list names and numbers in order of importance.

_____

Name Telephone Number Cell Phone Relationship

_____

Name Telephone Number Cell Phone Relationship

My child/children routinely ride the bus home. In the event of an emergency early dismissal, I would like him/her to:

Ride the bus home as usual _____ Go in Car Line _____

Parent/Guardian's Signature _____