



# Saint Teresa of Calcutta Education Center

256 Swamp Pike Schwenksville, PA 19473 610.287.2500

Website: [www.stcschool.weebly.com](http://www.stcschool.weebly.com)

Pastor: Fr. Paul Brandt and Principal: Ms. Anita M. Dixon



## MEDICAL HISTORY

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.

## 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:**

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**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**SECONDARY:**

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**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone#** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

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**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.**

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<b>Name</b>	<b>Telephone Number</b>	<b>Cell Phone</b>	<b>Relationship</b>
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<b>Name</b>	<b>Telephone Number</b>	<b>Cell Phone</b>	<b>Relationship</b>
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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** \_\_\_\_\_