St.Joan of Arc School
School Health Emergency Forms (2021-2022)

Child's Full Name: _____ Grade: _____
Address: _____
County: Baltimore County ____ Harford County ____ Balto. City _____ Other: _____
Sex: M / F Birth Date: _____ Child's Religion: _____
Email Address(es) _____
Ethnicity: ____ Asian/Pacific Islander (P) ____ Black/African American (B) ____ Hispanic (H)
____ Multi-Racial (M) ____ Native American (I) ____ White/Caucasian (W)
Lives With: _____Both Parents ____ Mother ____ Father ____Joint Custody ____Other:_____

Family History

Mother's Name: _____ Father's Name: _____
Mother's Work #: _____ Father's Work #: _____
Mother's Cell Phone #: _____ Father's Cell Phone #: _____

People that can be used as back-up in an emergency or illness when unable to contact parents:

_____(Relationship) _____ (Phone#)_____
_____(Relationship) _____ (Phone#)_____
_____(Relationship) _____ (Phone #)_____
Physician's Name: _____ Phone: _____ Fax: _____
Dentist's Name: _____ Phone: _____ Fax: _____

Student's Health History: Please indicate if your child has any of the following health problems.
All information will remain confidential—But we need to know in the event of an emergency!!!!
____ Allergies ____ Food Allergies ____ Environmental Allergies ____ Medication Allergies
Please List: _____
(Please get written **Medication Orders** from your Physician for Epi-Pens and/or Benadryl.)

___ Asthma: Worst Season And/Or Triggers: _____
Treatment:_____
Normal Peak Flow Peak: _____
Asthma Action Plan in Place?: _____ If yes, please send a copy to the School Office.

Has your child ever been stung by a bee? YES/NO If YES, action:_____

ADD or ADHD: Treatment: _____
(Please include even if your child is on a once a day medication----Side Effects may occur!!!)
Checklists Needed? YES/NO If YES, how often?_____
____ Bleeding Disorder or Prolonged Bleeding—Describe: _____
____ Chicken Pox: Had Disease YES/NO Date and Age if YES:_____
____ Diabetes: Treatment and Diet: _____
____ Ear Infections? Frequency?: _____ ET Tubes In? _____
ENT Physician: _____ Phone#: _____
____ Muscular Disorders? Please explain: _____
____ Neurological Disorder? Please explain: _____
____ Epilepsy? Type: _____ Treatment:_____
____ Hospitalizations?? Dates and Reasons: _____
_____
____ Speech Difficulties?: _____ ? Therapy Days and Times:_____

Please Complete Page 2 and Sign

Immaculate Heart of Mary School
School Health Emergency Forms (2020-2021)

____ Vision Problems?: Glasses or Contacts? Reason: _____

____ Other Health Problems Not Listed:_____

____ Is your child on any medications at home? Please list: _____

_____

____ At School: _____

____ Does your child have a health problem that would prevent them from fully participating in classes, Physical Education classes or Recess? _____

_____

(If yes, a note is required from your Physician.)

Do you anticipate any major problems with adjustment? Please explain: _____

_____

If your child is under Joint Custody, please add the second address and phone here:

_____

Medication Policy Review:

All Medications (Both Prescription and Over-The Counter) MUST be sent in to school for your child. All MUST have a signed Physician Order and Signed Parental Permission!!!!

Prescription Medications MUST be in a Prescription bottle labeled by your pharmacist.

Any OTC Medication must be supplied by you. NO STOCK MEDICATIONS WILL BE AVAILABLE.

PARENTS OR ANOTHER ADULT must hand carry the medications to the Nurse's Office. If the Nurse isn't available, please leave the medication with someone in the School Office!!

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST Hospital Emergency Room. Your signature authorizes the responsible person at the school or Beyond the Bell (if applicable) for your child transported to that hospital. This also gives us permission to contact your child's health provider if needed.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

These signatures are good for the School Year 08/21-- 07/22.

Thank you very much for taking the time to complete this form.
(Updated 12/2020)

Reviewed by: _____
Info Recorded by: _____