

2016-2017 Cristo Rey Atlanta Student Health Form

This page is to be completed by parent or guardian.

Student Name _____ Date of Birth _____
 Student Address _____ Nickname _____

Emergency Contact Information

Mother's name _____	Father's name _____
Home phone _____	Home phone if different _____
Cell phone _____	Cell phone _____
Work phone _____	Work phone _____
Address if different _____	Address if different _____
Physician _____	Student's cell phone number _____
Physician's phone number _____	DATE OF STUDENT'S PHYSICAL EXAM _____

Emergency contact if parents are unavailable. This individual has permission to pick up the student and/or grant permission for the student to be dismissed from school early due to illness.

Name and relationship _____ Phone _____

Student's Medical History

Medications (dosage and frequency)

Allergies (food, medications, pollen, other)

 EpiPen or Auvi-Q prescription? Yes No
 Allergy Action Plan submitted to Cristo Rey? Yes No

Describe medical history regarding the following systems:

Neurological, including history of concussions _____

Cardiovascular _____

Respiratory _____

History of Asthma?	Yes	No	
Asthma Action Plan submitted to Cristo Rey	Yes	No	

Endocrine _____

Gastrointestinal _____

Genital-Urinary _____

Orthopedic _____

Dermatological _____

Vision/Hearing _____


Hematological _____

Sickle Cell Anemia	Yes	No	Sickle Cell Trait	Yes	No
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Psychosocial _____

Surgical History _____

Permission to Administer Over-The-Counter Medication

I grant permission for my child, named above, to receive the following medications while in school or at school activities _____ **Parent/Guardian Signature and Date** 

Tylenol or generic equivalent **Acetaminophen** Yes No

If yes dose _____ and frequency _____

Motrin, Advil, or generic equivalent **Ibuprofen** Yes No

If yes dose _____ and frequency _____

If you circled yes to the above questions, the parent must bring in a sealed bottle of the chosen pain reliever to the clinic labeled with the students name. Each student must have their own bottle of medication in order for us to administer it.

Permission for Medical Treatment and Medical Information
This page is to be completed by Parent or Guardian

1. I acknowledge that my child may need emergency medical treatment in school or while at school activities. I authorize Cristo Rey Atlanta Jesuit High school, through its faculty and/or staff, to provide first aid and medical treatment deemed appropriate for the circumstances.
2. I consent for Cristo Rey Atlanta Jesuit High School to seek medical services without prior notification to me, should the circumstances warrant it. I give permission for my child to be treated at a hospital or other medical facility.
3. I request that Cristo Rey Atlanta Jesuit High School, through its designated authority, administer the over-the-counter medications indicated on page one of this form.
4. I consent that Cristo Rey Atlanta Jesuit High School may administer prescription and/or non-prescription medications not listed on page one of this form. Verbal permission and an Authorization to Administer Medications Form must be provided to administer such medications. In addition, I accept that medications must be in their original container.
5. I acknowledge my responsibility to inform Cristo Rey Atlanta Jesuit High School of any allergies, medical or physical conditions, and/or communicable diseases that my child may have, or may develop through the school year.
6. I acknowledge that the information provided in this document may be shared with faculty and staff on a need to know basis.
7. I acknowledge that a copy of this form is kept by my child's coach and/or chaperone.
8. I acknowledge that physical activity and sports carry an inherent risk of injury and that my child can be injured despite the best efforts to provide a safe experience.
9. I acknowledge that the responsibility of providing medical insurance rests with me. A copy of my child's insurance card is attached and is displayed in the boxes below.



(Parent/Guardian Signature and Date)

Copy of the front of insurance card	Copy of the back of insurance card
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Permission for School Activities

1. I consent for my child to participate in school athletics, including, but not exclusive to, team sports, physical education classes, and physical activities while attending retreats. I acknowledge there is an inherent risk of injury in all physical activities.
2. I consent for my child to attend field trips and retreats. I acknowledge that I may be responsible to provide transportation for some of these activities.
3. I acknowledge that my child is required to participate in community service and that I may be responsible to provide transportation to some community service activities.
4. **I have discussed travel arrangements with my child. I release Cristo Rey Atlanta Jesuit High School of responsibility should my child not adhere to my stated choices. I consent for my child to travel on authorized school vehicles and also in the following circumstances:**



(Parent/Guardian Signature and Date)