

Health and Emergency Information

2017 --- 2018

Student's name _____ Age ____ Grade ____ Birth date _____

Is there a Custody Agreement? **Yes** (If so, please provide the school a copy for our records.) **No**

1. Parent/guardian's name _____
Home address _____ City _____ Zip _____
Home phone (____) _____ Cell Phone (____) _____
Email Address(s) _____
Employer _____ work phone (____) _____

2. Parent/guardian's name _____
Home address _____ City _____ Zip _____
Home phone (____) _____ Cell Phone (____) _____
Email Address(s) _____
Employer _____ work phone (____) _____

Who should Holy Cross Catholic School contact if parents are not available?

Name _____ relation to child _____ phone (____) _____
Name _____ relation to child _____ phone (____) _____
Name _____ relation to child _____ phone (____) _____

Name of child's doctor _____ phone (____) _____
Name of child's dentist _____ phone (____) _____
Hospital preference _____ phone (____) _____

Type of health insurance you have: Private or group _____ Medicaid____ No health insurance____

Authorization for school officials in case of emergency:

I authorize school officials to secure emergency **medical** treatment if I cannot be reached. I will assume responsibility for expenses incurred.

Date _____ Parent Signature _____

I authorize school officials to secure emergency **dental** treatment if I cannot be reached. I will assume responsibility for expenses incurred.

Date _____ Parent Signature _____

→ Holy Cross Catholic School is required to have current and complete immunization records on every child by the first day of school. Students whose immunizations are not up to date will be sent home until the immunizations are complete.

→ Holy Cross Catholic School will never dispense internal medication at the request of a student. No pain relievers will be dispensed. In response to parental request, the school will arrange to store and dispense medicine that is clearly labeled. If you wish to request this service, check here (____)

→ Holy Cross Catholic School will assist students who have minor accidents or ailments. We use ordinary external supplies such as bandages, antiseptic solution, adhesive tape, cold packs, etc. If you do not wish to have any of these supplies used for your child, please explain:

→ Vision and hearing screenings will be made annually for all students. Scoliosis screening will be made yearly for all students in grades 5-8.

List health conditions or disabilities: _____

List medications your child is allergic to: _____

List other allergies (seasonal, food, bandaids, other) _____

Medication taken routinely _____ Medication taken as needed _____

Vision or hearing problems? _____ Glasses, contacts, hearing aid? _____

Child has had a physical exam in the last two years? Yes____ No____