



Medical Information Form
2019-2020

Please complete one form per family and return to the office.

Family Name: _____

Returning families: Have any changes occurred since filling out this form from last year? Yes No

If no, you are done. Simply hand this form in to the office with your family name on it.
If yes, please fill out the form in its entirety.

Doctor/Dentist Information

Doctor's Name _____ Phone _____

Hospital of Choice _____

Dentist's Name _____ Phone _____

Insurance information

Medical Insurance Provider _____

Group & Policy # _____

Please complete the section below for each child who attends St. Ray's. The medical information is confidential.

Medical Conditions:

- A-Frequent headaches
B-Frequent Sinus infections/hay fever
C-Asthma
D-Diabetes
E-Heart Condition
F-Kidney/Urinary Problems
G-Severe Bee Sting Reaction
H-Scoliosis
I-Seizures
J-Ear or Hearing Problem
K-Eye or Vision Problem
L-Food Allergies
M-Allergies
N-ADD/ADHD
O-Other

Table with 4 columns: Child's Name, Medical Condition (Use Codes from Above), Daily Meds, Allergies. Includes multiple rows for data entry.

Students with severe allergies and asthma will need to have a completed Individual Health Care Plan on file in the office. Students with other chronic diseases may also need to have an Individual Health Care Plan on file, as well.

Indicate any severe injuries, hospitalizations, or surgeries we should know about. (Please note which child and month and year.)

Indicate any other information about your child/children that is relevant to their health at school. (Please note which child.)

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my child/ren. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student to be given medical care by the doctor or hospital selected by the school.

Signature of Parent/Legal Guardian _____

Date _____