

St. Anthony of Padua Roman Catholic Church

Department of Religious Education

Student Medical Form

STUDENT NAME: _____ GRADE: _____

Part I: Health Impairments (*check those that apply—Chronic or recurring*):

_____ Asthma _____ Seizures _____ Diabetes _____ Cancer
_____ Epilepsy _____ Heart Disease _____ HIV/AIDS
_____ Bladder problems
_____ Other (specify): _____

Part II: Allergies:

_____ Bee stings _____ Latex _____ Mold _____ Milk _____ Egg
_____ Wheat _____ Other Foods (specify): _____
_____ Medicines/Drugs (specify): _____

Part III: Special Needs (*check and describe*):

_____ Mental Retardation _____ ADD/ADHD _____ OCD _____ Bipolar
_____ PDD _____ Autism/Asperger Syndrome _____ Hearing Loss
_____ Deafness _____ Emotional Disturbance (anxiety) _____ Down syndrome
_____ Speech /Language _____ Blindness
_____ Physical/Orthopedic Impairments (explain): _____
_____ Learning Disabilities (explain): _____

Were there any other complicating medical problems noted in your child's last health examination? If so, please specify: _____

Part IV: Parental Authorization (*SIGN A or B*):

In case of an emergency, we try first to contact the parents at home, work or cell phone. If we cannot reach the parents, we need to have emergency information on file.

Emergency Contact #1: _____ (717) _____
Emergency Contact #2: _____ (717) _____
Physician: _____ (717) _____
Dentist: _____ (717) _____

- a. In the event I cannot be reached, I hereby give permission to the physician/emergency personnel selected by this organization to secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Parent Signature: _____

- b. I have been offered the opportunity to authorize emergency medical care as stated above and decline said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and deemed unavailable due to my being unavailable to provide the same.

Parent Signature: _____