

# 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:** \_\_\_\_\_