



St. Anthony of Padua Church

SUMMER PROGRAM - HEALTH FORM 2024

Student: _____ Grade: _____ Birth Date: _____

Current Medications:

Allergies (Food/Drug/Other):

Please let us know if your child has any special health needs:

Please indicate if you give permission for the Health Coordinator/Nurse to administer the following to your child:

YES	NO	Neosporin/Antibiotic Ointment
YES	NO	Calamine Lotion
YES	NO	Antiseptic Wound Wash

YES NO N/A I give permission for the Health Coordinator/Nurse to assist my child with administration of inhalers or epi-pens ***Epi-Pens should be brought to the Health Coordinator/Nurse in a sealed zip lock Bag with your child's name on it before class begins.***

YES NO Does your child require use of an inhaler (Albuterol/Flovent)? If so, please request a form from your child's physician stating how to administer.

YES NO I give permission for the Health Coordinator/Nurse to contact Emergency Medical Services and consent to my child being transported to a medical facility should a medical emergency occur.

Name of Parent (please print)

Signature

Date