



Saint Michael Parish Schools
Medical Information Form



Student's Name _____ Date of Birth _____ Grade _____

Home Telephone _____

Doctor's Name _____ Tel.# _____

Insurance Company _____

Dentist's Name _____ Tel# _____

Dental Insurance _____

Can we share your child's medical information with their teachers if needed? Yes _____ No _____

Does your child have **any allergies**, such as bee stings, food, seasonal, or medication? If so, what are they and how do you treat them?

What medication does your child **take at home**? _____

Will your child need medication in school {include inhalers used for sports}?

Do you give the school nurse permission to give your child:

Acetaminophen (Tylenol) Yes _____ No _____

Ibuprofen (Advil/Motrin) Yes _____ No _____

Can antibiotic ointment or cream be used on injuries like scrapes or cuts? Yes _____ No _____

Students are not allowed by law to carry any medication, over-the-counter or prescription. If your child has a medical condition or is on medication, please fill out this form and contact the school nurse if you have not already done so for additional information.

Health Office Tel. 978-562-3588 Medical Fax 978-562-7760

Please send in updated physical exams and immunizations as they occur. State law requires health records to be complete to attend school. This form needs to be filled out **each year**.

Parent/Guardian Signature _____ Date _____