ST. ANDREW'S
AN INDEPENDENT SCHOOL

# Student Records/Form B

## Student Health Information Form

This health form must be completed and signed prior to your student's first day of school attendance.

Student's Name _____ Grade _____

Physician/Student Insurance Information

Student's Physician _____ Phone # _____

Student's Dentist _____ Phone # _____

Primary Insurance Co. _____

Name of Policy Holder _____ Policy # _____

Group # _____ Phone # _____

## Health History

Student's Height _____ Weight _____ Allergies _____

List any health issues which may be a concern at school or require ongoing treatment _____

_____

List any medication the student is taking. (If a student receives medication during the school day, please contact the school nurse and complete a School Records/Form C "Authorization to Dispense Medication" found at saintschool.com or on Haiku).

_____

Date of last tetanus shot _____

### Over the Counter Medication Permission

Kindergarten - Grade 12

_____ Tylenol/Acetaminophen Parent/Guardian Signature _____

_____ Motrin/Ibuprofen Parent/Guardian Signature _____

_____ Insect Sting Preparation Parent/Guardian Signature _____

_____ Triple Antibiotic Ointment Parent/Guardian Signature _____

_____ Benadryl Parent/Guardian Signature _____

_____ Sunscreen* Parent/Guardian Signature _____

_____ Insect Repellent* Parent/Guardian Signature _____

**Students must provide their own sunscreen and insect repellent*

Pre-K 3 & 4

No over the counter medications will be given without prior parental authorization. In an emergency situation, we will contact you and make arrangements.

## Confidentiality Agreement

Due to rules of confidentiality and the differences among parents regarding what they want teachers to know, it is the school's policy that parents should take the initiative each year and schedule meetings with teachers and/or adminstrators to share information regarding students' medical, psychological or other health related issues.

Parent/Guardian _____ Date _____