

STUDENT NAME _____

STUDENT SID# _____

MEDICATION

Students may maintain and self administer emergency medications (i.e. inhalers or EPI pens) with a physician's written permission. Over the counter medication will not be dispensed by the clinic. Students may carry two (2) doses of over the counter medication (ex. Tylenol) for their personal use.

HEALTH ASSESSMENT

Please identify any physical condition/illness or difficulties that may affect attendance or participation in an academic, athletic, or extra curricular program.

CLINIC

In an effort to assist the students of Elizabeth Seton High School, time in the health room will be limited to 20 minutes. After this time, the student shall be sent back to class. If the student needs to be sent home, it is expected that the parents pick her up in a timely manner.

Sign and return this form, along with the completed health immunization form, by August 1, 2016

Thank you

SIGNATURE OF PARENT _____

SIGNATURE OF STUDENT _____

DATE _____