



SAINT THEODORE

HEALTH FORM

Introduction

In accordance with the recommendations of the Saint Louis Archdiocesan Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to Pre-School, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students who have not had a physical examination within the past twelve months. The physical examination must be complete and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor. This form is provided for the convenience of your child's physician. At the time of the examination please have your physician complete and sign this form.

Student's Health Information (any student requiring a physical examination)

Student's Name:		Date of Birth:		Gender:
Height:	Weight:	Blood Pressure:	Pulse:	BMI

General Appearance

Nutrition:	Nose:	Abdomen:	Skin:	Mouth:
Back:	Lungs:	Genitalia:	Head:	Throat:
Extremities:	Heart	Neck:	Eyes:	Neurologic:

Physician Comments & Recommendations: _____

Can the student carry a full program of school work: Yes No

Should physical activity be restricted: Yes No Explain: _____

Physician Signature

Printed Name

Date

Please attach a copy of the current immunization record

Physician Authorization for Medication Administration in School (any student requiring medication)

Name of Medication

Dosage

Route

Times to be taken

Diagnosis or reason for medication: _____

If given PRN, specify the minimum length of time between doses: _____

Restrictions or special instructions: _____

I request and authorize the above-named student be administered the above medication in accordance with the instructions indicated above.

Physician Signature

Printed Name

Date

Telephone Number

Parent Authorization for Medication Administration in School (any student requiring medication)

I give my permission for this medication to be administered to my child at school. The school has my permission to call the physician with any questions regarding the medication. I understand and acknowledge that any medication administered to my child during school will not be administered by a registered nurse or other medical professional. In consideration of the school administering medication to my child pursuant to this authorization, I hereby release and hold harmless the school, the Archdiocese of St. Louis, and their employees, agents or representatives, from any liability that may arise from administering medication to my child. All medication supplied will be brought to school in its original container with instructions as noted above by the physician.

Parent Signature

Printed Name

Date