



## ECC Health Survey

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Student's Full Name

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DOB

### Allergen Information

Does your child have any allergies?                      Yes                      No

Will your child have an EpiPen at school?                      Yes                      No

If yes, you must complete a St. John's "*Form A Request for Medication Administration*". See the ECC office for the form. This form must be signed by the doctor, and is renewed each year.

Allergen

Reaction

Medication (if any)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### If you wish for your child to have any medication in the Nurse's Office:

1. You must complete a St. John's "*Form A Request for Medication Administration*". See the ECC Office for the form. This form must be signed by the doctor, and is renewed each year. A separate form must be completed for each medication. We cannot administer any medication without this signed form.
2. Parents must provide the medication which will be kept in the Nurse's Office.

Do you wish to have medication at school for your child?                      Yes                      No  
*(Form A with Dr. Signature required)*

Are there any other urgent health concerns you wish to communicate?                      Yes                      No

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