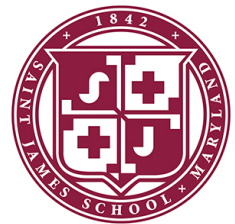


Saint James Student Health Card 2026-2027

Infirmary



Student Name: _____ **Birthdate:** (MM/DD/YYYY) _____

Please provide the following medical information. It is essential that this Emergency Card be complete in its entirety.

HEALTH CONCERN	YES	NO	MEDICATION USED
ADD / ADHD	_____	_____	_____
Insect sting allergy	_____	_____	_____
Pollen Allergies	_____	_____	_____
Convulsions / Epilepsy / Neurological disorders	_____	_____	_____
Heart Condition	_____	_____	_____
Diabetes	_____	_____	_____
Asthma	_____	_____	_____
Food Allergies	_____	_____	_____
Medicine Allergies	_____	_____	_____
Emotional / Psychiatric Disorder	_____	_____	_____
Gastrointestinal Disorder	_____	_____	_____
Hearing / Vision Disorder	_____	_____	_____
Orthopedic Disorder	_____	_____	_____

When prescription medication is given:

1. It must be in the original pharmaceutical container.
2. A medication authorization form requesting administration of medicine must accompany medications signed by the prescribing health care provider and parent.
3. All prescription medications are to be brought to the infirmary.

I give permission for my child to take the following over the counter medication (not all inclusive) when needed as determined by nursing staff and/or faculty.

YES	NO	YES	NO	YES	NO
Antacid	_____	Cough/cold tablets	_____	Acetaminophen	_____
Claritin/Zyrtec	_____	Benadryl	_____	Hydrocortisone cream	_____
Ibuprofen	_____	Stool softener/laxative	_____	Triple Antibiotic cream	_____

In the event the above-named student is hurt or becomes ill at school and needs emergency care, I give the school authorities permission to arrange emergency transportation to take the student to the nearest hospital emergency room and will accept responsibility for any expenses incurred. The school nurse has permission to report health condition information to appropriate school staff.

Parent / Caregiver Signature: _____

Date: _____