

**CALVARY EPISCOPAL SCHOOL, INC.**  
**Medical Information**

The following medical information must be completed and returned to the school office promptly. Please keep us updated on all medical information.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

An Immunization Record must be provided by all new students. You may provide a copy of the physician's record that states the date each dose was given. Returning students who have updated their immunizations must also provide a copy of the physician's record that states the date the dose was given.

I/We give permission to administer to my child the following over-the-counter medications from the Calvary Episcopal School office:

\_\_\_\_ Tylenol      \_\_\_\_ Advil      \_\_\_\_ Pepto-Bismol      \_\_\_\_ Tums / Child's Mylanta  
\_\_\_\_ Cough Drops      \_\_\_\_ Benadryl cream (for rashes, bites, etc.)      Other \_\_\_\_\_  
(Specify)

I/We give permission to the Extended Day Staff to administer the above medications: \_\_\_\_ Yes \_\_\_\_ No

Is child on any medication(s)? \_\_\_\_\_ What medication(s)? \_\_\_\_\_

Reason \_\_\_\_\_ Side Effects \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Other allergies (food, seasonal, etc.) \_\_\_\_\_

Operations: \_\_\_\_\_ Accidents: \_\_\_\_\_

Serious Illnesses/Conditions \_\_\_\_\_

Convulsions \_\_\_\_\_ Nosebleeds \_\_\_\_\_ Earaches \_\_\_\_\_

Headaches \_\_\_\_\_ Urinary, Kidney, Bladder or Bowel \_\_\_\_\_

Asthma or Respiratory \_\_\_\_\_ Stomach \_\_\_\_\_

Any physical disabilities or limitations \_\_\_\_\_

If child is under treatment from any of the above, please note and describe: \_\_\_\_\_

I/We, \_\_\_\_\_, parent(s) of \_\_\_\_\_, authorize the School to notify the following person(s) in emergency situations when neither of the parents (legal guardian) can be reached

Name: _____	Telephone: _____
Name: _____	Telephone: _____
Physician: _____	Dentist: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Father's Signature (Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature (Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_