



St. Stephen Presbyterian
DAY SCHOOL

MEDICAL INFORMATION & HEALTH RECORD

If the answer to any of the following questions is YES, please explain.

Has your child recently had a serious illness? _____

Has your child been hospitalized in the last 12 months? _____

Does your child have a chronic illness or frequent hospitalizations? _____

Does your child have any physical or cognitive limitations? _____

Does your child currently receive any specialized therapy services? (Speech, OT, PT) _____

If yes, please list: _____

Does your child have any allergies? _____ If yes, please list: _____

Will your child bring or keep an EpiPen at the Day School? _____

If your child requires epinephrine or medication, an Allergy Action Plan must be submitted with a photo of your child attached.

Do you have any concerns regarding your child's health or development? _____

If yes, please explain: _____

Primary Care Physician _____ Phone _____

EMERGENCY MEDICAL CARE AUTHORIZATION

St. Stephen Presbyterian Day School is authorized to obtain emergency transportation to and/or emergency medical care for the child listed below at the nearest hospital emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Child's Name _____ Date _____