

Immaculate Heart of Mary School
School Health Emergency Form (2022-2023)

Child's Full Name: _____ Grade: _____
Address: _____
County: Baltimore County _____ Harford County _____ Balto. City _____ Other: _____
Sex: M / F Birth Date: _____ Child's Religion: _____
Email Address(es) _____
Ethnicity: _____ Asian/Pacific Islander (P) _____ Black/African American (B) _____ Hispanic (H)
_____ Multi-Racial (M) _____ Native American (I) _____ White/Caucasian (W)
Lives With: _____ Both Parents _____ Mother _____ Father _____ Joint Custody _____ Other: _____

Family History

Mother's Name: _____ Father's Name: _____
Mother's Work #: _____ Father's Work #: _____
Mother's Cell Phone #: _____ Father's Cell Phone #: _____

People that can be used as back-up in an emergency or illness when unable to contact parents:

_____(Relationship) _____(Phone#)
_____(Relationship) _____(Phone#)
_____(Relationship) _____(Phone #)

Physician's Name: _____ Phone: _____ Fax: _____
Dentist's Name: _____ Phone: _____ Fax: _____

Student's Health History: Please indicate if your child has any of the following health problems.

All information will remain confidential—But we need to know in the event of an emergency!!!!

Allergies: _____ Food Allergies _____ Environmental Allergies _____ Medication Allergies

Please List: _____
(Please get written **Medication Orders** from your Physician for Epi-Pens and/or Benadryl.)

Has your child ever been stung by a bee? YES/NO If YES, action: _____

_____ **Asthma:** Worst Season And/Or Triggers: _____

Treatment: _____

Mental Health Concerns: Anxiety, Depression, OCD Medications: _____

ADD or ADHD: Treatment: _____

(Please include even if your child is on a once a day medication----Side Effects may occur!!!)

Checklists Needed? YES/NO If YES, how often? _____

_____ **Bleeding Disorder** or Prolonged Bleeding—Describe: _____

_____ **Chicken Pox:** Had Disease YES/NO Date and Age if YES: _____

_____ **Diabetes:** Treatment and Diet: _____

_____ **Ear Infections?** Frequency?: _____ ET Tubes In? _____

ENT Physician: _____ Phone#: _____

_____ **Muscular Disorders?** Please explain: _____

_____ **Neurological Disorder?** Please explain: _____

_____ **Epilepsy?** Type: _____ Treatment: _____

_____ **Hospitalizations??** Dates and Reasons: _____

_____ **Speech Difficulties?:** _____ ? Therapy Days and Times: _____

_____ **Vision Problems?:** Glasses or Contacts? Reason: _____

_____ **Other Health Problems Not Listed:** _____

Please Complete Page 2 and Sign

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Medication:

Is your child on any medications at home? Please list: _____

At School: _____

Does your child have a health problem that would prevent them from fully participating in regular classes, Physical Education classes or Recess? _____

(If yes, a note is required from your Physician.)

Do you anticipate any major problems with adjustment? Please explain: _____

If your child is under Joint Custody, please add the second address and phone here: _____

Medication Policy Review:

All Medications (Both Prescription and Over-The Counter) MUST be sent in to school for your child. All MUST have a signed Physician Order and Signed Parental Permission!!!!

Prescription Medications MUST be in a Prescription bottle labeled by your pharmacist.

Any OTC Medication must be supplied by you. NO STOCK MEDICATIONS WILL BE AVAILABLE.

PARENTS OR ANOTHER ADULT must hand carry the medications to the Nurse's Office. If the Nurse isn't available, Please leave the medication with someone in the School Office!!

In EMERGENCIES, requiring immediate medical attention, your child will be taken to the **NEAREST** Hospital Emergency Room. Your signature authorizes the responsible person at IHM or Beyond the Bell (if applicable) for your child to be transported. This also gives us permission to contact your primary health provider if needed.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

These signatures are good for the School Year 08/22- 07/23.

Thank you very much for taking the time to complete this form.
(Updated 3/2022)

Reviewed by: _____
Info Recorded by: _____