



# Saint James Elementary School

Rev. Msgr. Philip A. Lowery, Director  
 Mr. William A. Cardone, Principal  
 Mrs. JoAnn Giordano, Vice-Principal

30 Peters Place  
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 732-741-3363 Fax 732-933-4960

## Health & Emergency Form

School Nurses  
 Mrs. Debbie Kroupa  
 Mrs. Marie Lehmann

<b><u>Student Information</u></b>	
Student's Name _____	Grade _____ Homeroom _____
Address: _____	Physician's Name: _____
City: _____	Physician's Phone Number: _____
State and Zip Code: _____	Dentist's Name: _____
Home Phone No. _____	Dentist's Phone No.: _____
	Date of Last Dental Exam: _____
Date of Birth: _____ Sex: Male _____ Female _____	

<b><u>Emergency Contact Information</u></b>		
Mother's Name:	Father's Name:	
Business Phone:	Business Phone:	
Cell Phone:	Cell Phone:	
Email Address 1:	Email Address 1:	
Email Address 2:	Email Address 2:	
Please list the names and telephone numbers of two adults who you authorize the school nurse to call in case of an emergency. Your child will be released to one of the following if we are unable to reach you.		
Name:	Phone No:	Cell Phone No:
1.		
2.		

<b><u>Health Information</u></b>	
<b>Please check all that apply:</b>	
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Scoliosis
<input type="checkbox"/> Allergy Type: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Measles
<input type="checkbox"/> Strep	<input type="checkbox"/> German Measles
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps
<input type="checkbox"/> Emotional Problems	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Epilepsy	
LIST ANY SEVER INJURIES, OPERATIONS, PHYSICAL HANDICAPS AND EXPLAIN: _____	
LIST ANY MEDICATIONS CURRENTLY OR OFTEN TAKEN BY STUDENT AND EXPLAIN: _____	
Health information will be shared with school personnel on a "Need to know" basis.	
Parent/Guardian Signature: _____	Date: _____
<b>THIS FORM MUST BE COMPLETE AND SIGNED BY PARENT/GUARDIAN AT THE BEGINNING OF EACH SCHOOL YEAR.</b>	