# Bishop Stang High School: Health and Emergency Form for Nurse 2025-2026

*Please complete all requested info and return to school nurse within first week of school*

**Student's Name** _____ **Grade** _____
Last First M.I.

**Address** _____
Street City Zip Code

**Date of Birth** _____ **Home Phone** _____ **Primary Language**_____

**Parent/Guardian #1** _____ **Email** _____

**Relationship** _____ **Cell phone** _____ **work phone** _____

**Parent/Guardian #2** _____ **Email** _____

**Relationship** _____ **Cell phone** _____ **Work phone** _____

**Name of parent(s)/guardian with whom student resides:** _____

Persons who have agreed to care for and/or transport your child when parent or guardian cannot be reached. Name of siblings should be included if they will be providing transportation.

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

**Doctor's name** _____ **Phone** _____

**Dentist's name** _____ **Phone** _____

Does your child have: Health insurance? **YES NO** **(please circle one)** Dental insurance? **YES NO**

*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information. ALL communications will be confidential.*

**Health Insurance Company** _____ **Policy Number** _____

In accordance with Massachusetts regulations for schools, Bishop Stang High School requires all students who need medication during school hours to present a doctor's order and a written parental consent form signed by parent or legal guardian. Please see RN for forms or email lduarte@bishopstang.org

**Medication Permission:** Acetaminophen (325 mg - 650 mg), Ibuprofen (200 mg- 400 mg) and Tums regular strength (1-3 tabs) are available in the Health Office for limited needs during the school day. However, written permission from parent/guardian must be on file before any medication can be issued. Please complete the permission form below and ***circle permissions:***

**I give permission for the above mentioned student to receive:**

**Acetaminophen** ( yes no) **Ibuprofen** ( yes no) **Tums** ( yes no)

**In the event of an emergency situation, I authorize the school to obtain medical/emergency treatment for my child. I understand I will be notified of the emergency as soon as possible.**

**Parent/Guardian Signature:** _____ **Date:** _____

**** PLEASE COMPLETE BOTH SIDES****

# HEALTH & EMERGENCY FORM FOR NURSE 2025-2026

Student's Name: _____

To better serve your child's needs at school please check all that apply:

**___ ADD/ADHD ___ Anxiety ___ Asthma ___ Blood Disorder ___ Cancer ___ Depression**

**___ Diabetes ___ Headaches/migraines ___ Heart Condition ___ Physical limitations ___ Seizure Disorder**

**___ Dietary Restrictions: _____**

**___ Other, please specify: _____**

_____

**Recent Injury or Surgery: _____ Recent Concussion History: _____**

**Allergies** (food, insects, medications, environment) Be specific**: _____**

_____

**Student has prescription for the following:**

**EpiPen: _____ Inhaler: _____**

**Other medications needed during the school day: _____**

Students who have epipens, inhalers and ANY other required medications will need to submit a doctor's order, parent consent form and the applicable medications to the nurse annually. If student self carries please make sure it is clearly stated on the order, selected on the parental consent form and submit the diocese required self carry form.

forms are on the website or you can email lduarte@bishopstang.org.

Please list medications that your child takes at home: _____

_____

Does your child have hearing problems: ___Yes ___No If yes, ___Left ear ___Right ear ___Hearing Aids

Does your child have vision problems: ___Yes ___No If yes, ___Wears glasses ___Contact lenses

Any other information you would like the school RN to be aware of: _____

_____

_____

_____

**I have given complete and accurate information regarding my child's health and will update the school nurse as needed. I give permission to the school nurse to share information relevant to my child's health condition with appropriate school or emergency personnel when needed to meet my child's health and safety needs.**

**Parent/Guardian Signature: _____ Date: _____**

**** PLEASE COMPLETE BOTH SIDES****