



St. Mary's Catholic School – Medical Information



1101 E. 5th Street, Natchitoches, LA 71457

318-352-8394 • Fax: 318-352-5798 www.smstigers.org

STUDENT'S NAME: _____ GRADE: _____

List any food and/or medications which the student is allergic. If none please write "None".

List all medications taken at home, consistently or occasionally. If your child does not take any medications, please print "None".

Medication #1

Name: _____ Dosage: _____

Time administered: _____ Circle One: Daily As Needed

Reason for Medication: _____

Medication #2

Name: _____ Dosage: _____

Time administered: _____ Circle One: Daily As Needed

Reason for Medication: _____

Medication #3

Name: _____ Dosage: _____

Time administered: _____ Circle One: Daily As Needed

Reason for Medication: _____

Medication #4

Name: _____ Dosage: _____

Time administered: _____ Circle One: Daily As Needed

Reason for Medication: _____

Any other medical concerns (seizures, diabetes, etc): _____

If your child does not have any medical issues or take any medication on a regular basis please check here _____.

*In the event of an emergency, I give the administration of St. Mary's to call medical personnel and ambulance service for my child if ever deemed necessary whether on or off campus, during any school related activity.

I, _____, authorize that the above information is accurate and correct.
(Parent's Printed Name)

Signature: _____ Date: _____