



# Prince of Peace Catholic School

4650 Preserve Parkway, Hoover, Alabama 35226 ~ Office: 205-824-7886 ~ Fax: 205-824-2093

## HEALTH FORM

Child's name: \_\_\_\_\_ School year: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Parents' names: \_\_\_\_\_ Home phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Father: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Persons to notify if parents cannot be reached:

	Name	Relationship	Phone number	Cell phone
1.				
2.				
3.				

I, \_\_\_\_\_, give Prince of Peace Catholic School my permission to  
(parent's signature)  
administer over the counter medication to \_\_\_\_\_.  
(child's name)

Please list any allergies (food, insect, medications, etc.): \_\_\_\_\_

Medications taken daily: \_\_\_\_\_

Health problems/special needs: \_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of serious injury or accident requiring emergency treatment, I give permission for my child, \_\_\_\_\_, to be transported by emergency vehicle to the nearest hospital for medical treatment. I further authorize the medical treatment necessary for the injuries incurred by the student.

\_\_\_\_\_  
Parent's signature

The insurance policy that provides medical coverage for my child is:

Company name: \_\_\_\_\_ Policy number: \_\_\_\_\_

Hospital preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_

*We Light the Candles, They Light the World*