CENTRAL CATHOLIC HIGH SCHOOL

A MARIANIST COLLEGE PREPARATORY INSTITUTION
SINCE 1852 • SAN ANTONIO, TX

Student Health Information & Emergency Form

This form is intended to provide school administrators and health staff with essential medical information to ensure student safety during school hours and activities.

1. Student & Guardian Information

Student Name:		**Grade/Class:**	
Date of Birth:		**Student ID:**	
Primary Guardian:		**Emergency Phone:**	

2. Allergies (Life-Threatening & General)

*Please specify if the student requires an Epinephrine Auto-Injector (e.g., EpiPen).

Allergen (Food, Bee Sting, etc.)	Reaction & Symptoms	Severity (Mild to Anaphylactic)	EpiPen Required?
			Yes / No
			Yes / No

3. Chronic Health Conditions

Check all that apply and provide details below:

[ ] Asthma

[ ] Heart Condition

[ ] Diabetes (Type 1 or 2)

[ ] Vision/Hearing Impairment

[ ] Seizures/Epilepsy

[ ] ADHD/ADD

Specific Management Needs at School:

4. Medications

Note: Most schools require a separate "Permission to Administer Medication" form for meds taken during school hours.

Medication Name	Dosage	Time Taken	Taken at School?
			Yes / No
			Yes / No