



# 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

<b>Student Name:</b>		<b>Grade/Class:</b>	
<b>Date of Birth:</b>		<b>Student ID:</b>	
<b>Primary Guardian:</b>		<b>Emergency Phone:</b>	

### 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:**

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**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