



CATHEDRAL ACADEMY
 3790 Ashley Phosphate Rd.
 Charleston, SC 29418

STUDENT HEALTH INFORMATION 2021/2022 School Year

Student's Name: _____ Grade: _____

Please indicate if your child has had any of the following by checking below:

ALLERGIES

Allergy Type

- Food List food (s) _____
- Medication List Medicines _____
- Bee sting _____
- Other (list) _____

- | | | | | |
|---|-------|-------------------------------|---|------------------------------------|
| Reactions | Type | <input type="checkbox"/> Mild | <input type="checkbox"/> Severe | Date of last severe reaction _____ |
| <input type="checkbox"/> Coughing | | | <input type="checkbox"/> Hives | |
| <input type="checkbox"/> Difficulty breathing | | | <input type="checkbox"/> Generalized swelling | |
| <input type="checkbox"/> Nausea | | | <input type="checkbox"/> Local Swelling | |
| <input type="checkbox"/> Wheezing | | | <input type="checkbox"/> Rash | |
| <input type="checkbox"/> Other | _____ | | | |

Currently prescribed medications and treatments: (Please state name, dose, time, frequency, and route)

- Oral antihistamine (Benadryl, etc.) Epinephrine Other _____

FOOD INTOLERANCE

- Due to Gastrointestinal (Digestive) distress List foods _____
- Due to Religious preferences List foods _____

ASTHMA

- Triggers Exercise Environmental Other (list) _____

Symptoms

- | | | |
|---|---|--|
| <input type="checkbox"/> Chest tightness, discomfort, or pain | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Throat itch, tightness, or soreness |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Hoarseness | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Other | _____ | |

Physical Limitations: _____

Is there anything concerning the health of your child which the school should know.

If yes, please specify: _____

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

By signing this form, I acknowledge the responsibility of providing the school with accurate and updated information throughout the school year as it changes.

PLEASE BE AWARE:

In order to follow DHEC regulations, we can only accept medication that is in an appropriately labeled prescription bottle. Medications must be brought to the school by the parent in the original containers with original labels intact. (Most pharmacies will divide medications and provide additional containers upon request for this purpose.) Over-the-counter (OTC) medication, including Tylenol, cannot be administered without a prescription label and must be administered by a member of the faculty/staff.

1. *The parent must furnish the medication.*
2. *The parent must complete a **Medication Release Form** indicating the date, dosage, and time to be administered.*
3. *Students may not carry prescriptions or OTC medications on their person without expressed written permission from their physician, parents, and the administration. (Example: inhalers and epi-kits.)*
4. *A form, available in the school office, must be filled out by the Physician before medicine can be administered.*