

CARDINAL SPELLMAN HIGH SCHOOL

WWW.SPELLMAN.COM

738 Court Street ▪ Brockton, Massachusetts ▪ 02302-2898 Telephone: (508) 583-6875
Fax: (508) 580-1977

Health office: 508-583-6875 x33

STUDENT HEALTH INFORMATION

***** PLEASE RETURN TO THE HEALTH OFFICE AS SOON AS POSSIBLE *****

IMPORTANT

(PLEASE PRINT CLEARLY)

STUDENT NAME: _____ DOB _____ M ___ F
(last) (first)

PARENT/GUARDIAN _____

HOME ADDRESS _____

CITY/TOWN _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

CELL PHONE () _____

I GRANT PERMISSION FOR : _____

TO RECEIVE:

_____ TYLENOL (Acetaminophen 500-100 mg every 6 hours)

_____ MOTRIN (Ibuprofen (200-600 mg every 6 hours)

_____ TUMS (Antacid 1-2 tabs as need for upset stomach)

ON REQUEST FROM THE NURSE/STAFF OF CARDINAL SPELLMAN HIGH SCHOOL

PARENT/GUARDIAN SIGNATURE

DATE

WE ARE UNABLE TO DISPENSE ANY OTC MEDICATION TO YOUR CHILD WITHOUT THIS COMPLETED FORM.

******* (O V E R) *******

CLASS OF 2 . . .

STUDENT LAST NAME _____ FIRST _____

DOB _____

Does your child have any current medical conditions or problems that we should be aware of?

Is your child currently taking any medications?

Thank you,

Eleanor Hurley, R.N.

School Nurse