

SACRED  HEART
CATHOLIC SCHOOL

Kansas State Law and the Wichita Diocese require that the physical assessment be completed within 90 days after admission to school for student 8 years old and under.

Student's name _____ School _____ Grade _____

To be completed by licensed health care provider

Height _____	Weight _____
Ears _____	Hernia _____
Nose _____	Head _____
Throat _____	Dental _____
Neck _____	Breast _____
Heart _____	Ortho _____
Lungs _____	Neurology _____
Skin _____	Genitourinary _____
Abdomen _____	Nutrition _____
Vital Signs: _____	

Immunizations up to date: Yes _____ No _____

Significant Assessment Findings:

Recommendations (including referrals):

Follow up:

Is this student subject to any condition that might cause a possible classroom emergency such as seizures, fainting, diabetes, asthma, allergies, etc? Yes _____ No _____

Do you see this child for regular health supervision? Yes _____ No _____

Signature of Licensed Health Care Provider Date

Print Name Address

School Health Assessment
Sacred Heart Catholic School
312 South B
Arkansas City, Kansas 67005
(Please return original copy to school)

The Catholic Diocese of Wichita
Guideline 317-U
SELF-ADMINISTRATION OF EMERGENCY MEDICATIONS

Name of Student _____ Grade _____

PARENT REQUEST

The above-named student has been instructed in the proper use of:

(name of medication – inhaler or EpiPen)

I have completed the Catholic Diocese of Wichita Administration of Medication at School form (317-T) and it has been given to the administrator/school office attendant prior to use in school.

I request that my child carry the inhaler/EpiPen on his/her person or keep it in his/her locker, purse or book bag, as I consider him/her responsible. The student has been instructed and understands the purpose, appropriate method, and frequency of use of the inhaler/EpiPen.

I absolve the school of any responsibility in safeguarding the student's inhaler/EpiPen.

signature of parent or guardian

STUDENT AGREEMENT

I understand the responsibility of using the _____ (inhaler or EpiPen) during school. If I need to use the inhaler or EpiPen, I will tell my teacher, coach, school nurse, or health service provider that I have used the inhaler/EpiPen and administered it to myself properly. I understand that no other student is to have access to this medication.

signature of student

*****Note:**

It is strongly advised that each student leave an extra inhaler/EpiPen in the office/Health Room in the event of a misplaced inhaler/EpiPen. Each inhaler or EpiPen should be labeled with the student's name.

Received _____
date _____
signature of administrator/nurse