

**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*