

***St. Thomas the Apostle School
Student Information Form
2025-2026 School Year***

Student Information

- **Name** _____
- **Grade** _____
- **Date of Birth** _____
- **Home Address** _____
- **City** _____ **Zip Code** _____
- **Home Phone** _____

Parent/Guardian

- **Name**_____
- **Relationship to Student**_____
- **Home Address**_____
- **City**_____ **Zip Code**_____
- **Cell Phone**_____ **Home Phone**_____
- **Email Address**_____
- **Employer**_____
- **Can you be reached at work** Yes___ No___ **Work Phone**_____

Parent/Guardian

- **Name**_____
- **Relationship to Student**_____
- **Home Address**_____
- **City**_____ **Zip Code**_____
- **Cell Phone**_____ **Home Phone**_____
- **Email Address**_____
- **Employer**_____
- **Can you be reached at work** Yes___ No___ **Work Phone**_____

Emergency Contacts (other than parents/guardians)

1. Name _____
Relationship _____
Phone _____

2. Name _____
Relationship _____
Phone _____

Medical Information

- Doctor's Name _____
- Doctor's Phone _____
- Preferred Hospital _____

List any allergies, medical conditions or medications your child takes on a daily basis

Permission and Consent

In case of illness or emergency, I authorize the school to contact emergency services and transport my child to the nearest hospital if necessary. I understand that every effort will be made to contact me first.

Parent/Guardian Signature _____ Date _____

Special Instructions:

I authorize the school nurse or other designated staff to administer the following over-the-counter (OTC) medications and/or emergency medical treatment to my child as needed, according to the established protocols, as indicated by my signature below. I have crossed out any products that I do not want given to my child. I understand that I may review the written OTC protocols at any time and can call the school nurse for more information.

1. Children's Liquid Tylenol for discomfort
2. Betadine Scrub for cleansing (Povidone Iodine)
3. Vaseline/Aquaphor for dry, chapped lips
4. Solarcaine for burns (20% Benzocaine)
5. Antibiotic Ointment (Bacitracin Zinc, Neomycin Sulfate, Polymyxin B Sulfate)
6. Sterile Saline Eyewash
7. Anti-itch Cream /Spray (may contain hydrocortisone)

Parent/Guardian Signature _____ Date _____