

St. Ignatius Loyola Academy
School/Sports Physical & Discretionary Medication Form 2024-2025

PART I - SCHOOL/SPORTS PHYSICAL (required annually)

Students' Name: _____

Date of Birth: ____/____/____ Date of Last Physical Exam: ____/____/____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Any significant illnesses, injuries, surgeries or medical problems: _____

Explanation of abnormal findings and/or current therapies: _____

Please explain any health condition(s) that may require emergency action while the child is at school:

Restrictions: _____

I have personally examined this student and find this student physically able to compete in strenuous sports and supervised activities for the 2023-2024 school year.

Signature of Physician

Date

Print Physician's Name

Telephone

Physician's Address

Fax

(over)

PART II - DISCRETIONARY MEDICATION FORM

Student's Name: _____

Please list all medications the student takes at home: _____

Please check off the over-the-counter medication(s) below which you want available to the student while at school, or during school-sponsored trips (including sleep-away camp), on an occasional or "as needed" basis:

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (like Tylenol) | <input type="checkbox"/> Antacid (like Tums) |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Cough Drops/Throat Lozenges |
| <input type="checkbox"/> Diphenhydramine (like Benadryl) | <input type="checkbox"/> Ibuprofen (like Advil/Motrin) |
| <input type="checkbox"/> Sunscreen (camp/field trips only) | <input type="checkbox"/> Bug Repellant (camp/field trips only) |

I understand the medications I have checked above may be administered at the discretion of a Certified Medical Technician (CMT) or other designated school personnel, in accordance with protocols established by the school's Delegating Nurse. I understand a generic equivalent medication may be used in place of a more expensive brand name medication.

- I do NOT want medication given to my child at school.

Signature of Parent/Guardian

Date

Signature of Physician

Date

Signature of Delegating Nurse

Date