

- \_\_\_\_\_ Notice of Privacy Practices & HIPAA Signature, page 1
- \_\_\_\_\_ Health History, page 2 (must have immunization information on it.)
- \_\_\_\_\_ Physical Evaluation (page 4 must be completed by doctor dated after May 1 current School year), pages 3-6
- \_\_\_\_\_ Concussion Form, page 7-8
- \_\_\_\_\_ Consent to Treat (must be notarized), page 9
- \_\_\_\_\_ Dental (must be completed by a dentist dated after May 1, current school year) page 10
- \_\_\_\_\_ Request for Medication to be Administered (Parent must sign even if not on medication. If on medication, must be signed by parent and doctor), page 11
- \_\_\_\_\_ Medication Consent for Over the Counter Medications, page 12
- \_\_\_\_\_ Consent for Administration of Tuberculin Skin Test, page 13
- \_\_\_\_\_ Consent for Administration of Influenza Vaccine, page 14
- \_\_\_\_\_ Authorization for Payment of Prescription and Medical Services, pages 15
- \_\_\_\_\_ \*\* Copy of Immunizations (must have)
- \_\_\_\_\_ Insurance Card (copy front/back required)
- \_\_\_\_\_ Prescription Card (copy front/back) If separate card
- \_\_\_\_\_ Privacy Act Statement JROTC Form (grades 9-12), page 16
- \_\_\_\_\_ Acknowledgment of Major Offenses Statement, page 17
- \_\_\_\_\_ Liability Waiver and Release, page 18
- \_\_\_\_\_ Media/Information Release, page 19
- \_\_\_\_\_ Explanation of Student Information Sheet (for your information), page 20
- \_\_\_\_\_ Student Information Sheet, page 21
- \_\_\_\_\_ Parents On-Line Application, page 22 (Not necessary for OB) Email Brenda at [brendam@sjms.org](mailto:brendam@sjms.org) Or Deb at [debf@sjms.org](mailto:debf@sjms.org)
- \_\_\_\_\_ Certificate of Transfer TEP (student transfer form for sports), pages 23-24 (New boys only unless OB has not been here the previous year.)
- \_\_\_\_\_ Cell Phone Form page 25 (cell phone will not be issued until after passes NB)
- \_\_\_\_\_ Travel Form and explanation for Travel page 26-27
- \_\_\_\_\_ Tech Form page 28

\* Physicals and Dental Examinations must be completed annually after May 1.

\*\* Check with your physician to be sure immunizations are current.