



Mount Calvary Junior Academy

3111 East Wilder Avenue ■ Tampa, Florida 33610

Phone (813) 238-0433 ■ Fax (813) 231-0804

MEDICAL INFORMATION SHEET

HEALTH INSURANCE

Student Name _____

The above student is _____ or is not _____ covered by Health Insurance in addition to school coverage.

My present Health Insurance company coverage is _____

Group Number _____ Phone Number _____

Name of Insured _____

Signature of Parent/Guardian Date

Witness Date

AUTHORIZATION TO DISPENSE MEDICATION

ALL medications brought to school by and for the student must be given to the school's secretary. Medication will be dispensed by the Secretary and/or the Principal **only** when:

- a. The medication is in its original container.
 - b. The medication is prescribed by a doctor.
 - c. The parent or guardian gives written consent.
- NOTE: All of the above conditions must be met.**

Physical Deficiencies:

Hearing

Sight

Speech

Other

If other, please explain below:

