



St. John's Military School

PO Box 5020, Salina, Kansas 67402-5020

785.823.7231 • Fax 785.309.5489



CHECK LIST FOR PARENTS

- _____ Notice Privacy Practices, page 1
- _____ HIPAA Signature, page 2
- _____ Health History & Pre-Participation Physical Evaluation, page 3
- _____ * Physical Evaluation (page 5 must be completed by doctor)
- _____ Consent to Treat (**must be notarized**), page 8
- _____ * Dental Examination (must be completed by dentist), page 9
- _____ Request for Medication to be Administered, page 10
- _____ Medication Consent for Over the Counter Medications, page 11
- _____ Tuberculin Skin Test Consent, page 12
- _____ Influenza Vaccine Consent, page 13
- _____ Authorization for Payment of Prescription and Medical Services, pages 13 & 14
- _____ Copy of Immunizations**
- _____ Insurance Card (Copy front/back)
- _____ 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
- _____ Media Release, page 18
- _____ Liability Waiver, page 19
- _____ Hometown News, page 20
- _____ Parents OnLine Application, page 21
- _____ SJMS Mom's Club Questionnaire, page 22
- _____ Explanation of Student Information Sheet, page 23
- _____ Student Information Sheet, page 24

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

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