



St. John's Military School

PO Box 5020, Salina, Kansas 67402-5020
785.823.7231 • Fax 785.309.5489



HEALTH HISTORY

Confidential information completed annually by cadet's parent/guardian.

Cadet Name _____ Date of Birth _____

Grade _____ Age _____ Social Security # _____

Allergies _____

Has cadet had chicken pox? _____ Year _____

If no, has he had the chicken pox vaccine or varicella, date? _____

List surgeries	List medications

Primary Parent/Guardian Contact and Insurance Information

Name _____

Relationship _____ Date of Birth _____

Address _____ City/State _____ Zip Code _____

Home _____ Business _____ Cell _____

Social Security # _____ (Used for ER visits, need primary insured SS #)

Insurance company & address _____

Group number _____ ID number _____

Referral required? _____

If no insurance, primary parent/guardian will be billed for insurance provided school.

_____ Order medication refills thru B & K

_____ I will mail all medications from home with exception of emergencies