

# MEDICAL / EMERGENCY INFORMATION



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

## Medications

List Medications your child takes on a regular basis: \_\_\_\_\_

List Medications your child has an allergic reaction to: \_\_\_\_\_

Is there any medical condition or information we should know regarding your child? Yes  No

If Yes, please explain: \_\_\_\_\_

## Emergency Contact Information

List the person(s), including parents, to be called in case of illness or emergency., Please list names and phone numbers in order of preference. **All persons on the list will be authorized to release your child from school.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #s: \_\_\_\_\_

## Concent for Minor Treatment

I give concent to the school to provide minor first aid care for my child.

Initial the medication your child my be given at school:

Tylenol \_\_\_\_\_ Children's Tylenol \_\_\_\_\_ Throat Lozenges \_\_\_\_\_ Cough Drops \_\_\_\_\_

## Consent for Emergency Treatment

In the case of an emergency and I cannot be reached, I authorize the staff of The Academy to obtain whatever medical treatment deemed necessary for the welfare of my child. I understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of emergency treatment regardless of whether my medical insurance would cover such charges and fees.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Primary subscriber Name: \_\_\_\_\_

*\* Please Attach a photo copy of the primary subscriber's health insurance card.*

Parent / Guardian signature: \_\_\_\_\_