

Grace Academy

Medical History and Emergency Information

Child's Name _____

Address _____

Home Phone _____ Grade _____ Date of Birth _____

Father's Name _____ Work/Cell Number _____

Mother's Name _____ Work/Cell Number _____

1. Is the child taking any medications on a regular basis, such as Insulin, Dilantin, Ritalin, etc?

_____ Yes _____ No If yes, please specify _____

2. Does the child have a physical health problem of which the school staff should be aware? (This may include special diet, prescriptions, communicable diseases, or physical limitation on normal activities.)

_____ Yes _____ No If yes, please specify _____

3. Has the child ever consulted a physician, or been referred to a hospital or clinic for social, emotional, or psychological concerns?

_____ Yes _____ No If yes, please specify _____

If the answer is "yes" to any of the above questions, a letter from the applicant's physician must be attached explaining the nature of the problem, its current status, and professional recommendations regarding the applicant's adaptation to the school setting.

4. Allergies: Please specify

To foods _____ To drugs _____

To insect bites _____ To other _____

5. List any illnesses, accidents, or other health problems not included above that required medical attention within the last 12 months; or any special procedures that need to be followed at school: _____

6. I authorize a teacher or staff person at Grace Academy to administer a non-aspirin/non-ibuprofen pain reliever to my child if needed. _____ Yes _____ No

PLEASE TURN OVER TO COMPLETE OTHER SIDE.

7. Health/Accident Insurance Information:

Name of Insurance Company _____

Name of Insured _____ SSN _____

Relationship to Student _____ Insured's Employer _____

Group Number _____ Policy Number _____

8. Physician Information:

Pediatrician Name _____ Phone _____

Dentist Name _____ Phone _____

Other Physician Name _____ Phone _____

Preferred Hospital _____

9. Emergency Contacts:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

IN CASE OF EMERGENCY: I understand that every effort will be made to contact parents or guardians of the child in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physician selected by Grace Academy personnel to hospitalize, secure proper medical treatment for and to order any injection, anesthesia, or surgery for my child named above.

My signature below further certifies that my child is free from any contagious disease, transmittable infections, or any other form of illness that would limit or prohibit participation at Grace Academy activities.

I hereby state that all health information given is true to the best of my knowledge.

Parent Signature _____ Date _____

Parent Signature _____ Date _____