

Child's Medical Information

Child's Name _____ Birth Date _____

Child's Doctor _____ Phone # _____

Address _____

Child's Dentist _____ Phone # _____

Address _____

What Hospital do you prefer? _____ Phone # _____

Initial the following that indicates approval

_____ In an emergency, Evergreen Academy has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

_____ In an emergency, Evergreen Academy has my permission to obtain medical treatment for my child, except for these restrictions. List if applicable _____

_____ I do NOT wish my child to receive medical treatment.

_____ My child may be given prescribed medication, upon a written notice from a physician.

_____ My child may be given a non-prescribed medication. Type _____

_____ My child may be taken of field trips of excursions by bus or private vehicle under required supervision.

_____ My child may participate in swimming or other water activities.

_____ My child may be photographed for publicity or news purposes.

Chicken Pox

Has your child had Chicken Pox? ___yes___ No

If No, has your child had Chicken Pox Vaccine? __Yes___ No

Allergies

Does your child have any allergies? ___ Yes ___ No

Describe _____

Action for Minor reaction:

Symptoms _____

Medications to be given _____

Action for Major reaction:

Symptoms _____

Medications to be given _____

Where child should be taken immediately _____

Prescribed Medications

Name of Medication _____

Reasons for taking _____ Dosage _____

Route _____ Frequency/Time(s) to be given _____

Special Instructions:

Does medication require refrigeration? ___ Yes ___ No

Is the medication a controlled substance? ___ Yes ___ No

Potential side effects of medication _____

Treatment to be given for side effects _____

I authorize that Evergreen Academy is allowed to assist my child in taking the above medications and I understand that additional paper-work may need to be filled out if the dosage of medication or the medication changes.

I understand that medication must be registered with Evergreen Academy staff members. It must be in it's original container and be properly labeled with the students name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Parent/Guardian Signature _____ Date _____