



Medical Information Form

Name of Child: _____ Birth Date: _____

Name of Parent(s) or Guardian(s):

Home Address: _____

Home Phone: _____

Name of Individual(s) authorized to pick my child up in case of illness or emergency:

Child's Physician: _____ Phone: _____

Hospital Preference: _____

Child's Allergies: _____

Current Medications: _____

Date of last Tetanus Immunization: _____

In case of EMERGENCY, contact the parent(s) or Guardian(s) in the following order:

Mother Phone 1: _____ home, mobile pager work

Mother Phone 2: _____ home, mobile pager work

Mother Phone 3: _____ home, mobile pager work

Father Phone 1: _____ home, mobile pager work

Father Phone 2: _____ home, mobile pager work

Father Phone 3: _____ home, mobile pager work

Other (if parent or guardian cannot be contacted):



Christ Classical Academy

Two Page Form
Please complete both sides
and attach copy of insurance card.

My health insurance company is: _____

Member/Policyholder's Name: _____

Policy/Member ID Number: _____ Group Number (if any): _____

(PLEASE ATTACH A PHOTOCOPY OF YOUR HEALTH INSURANCE CARD – FRONT & BACK)

Any chronic and/or debilitating illnesses: _____

Christ Classical Academy has my permission to administer the following medications, or their equivalent, for minor complaints:

- | | |
|---|--|
| <input type="checkbox"/> Advil (ibuprofen) | <input type="checkbox"/> Pepto-Bismol (bismuth, salicylates) |
| <input type="checkbox"/> Aleve (naproxen sodium) | <input type="checkbox"/> Pepcid AC (famotidine) |
| <input type="checkbox"/> Children's/Jr. Tylenol (acetaminophen) | <input type="checkbox"/> Tums tablets (calcium carbonate) |
| <input type="checkbox"/> Adult Tylenol (acetaminophen) | <input type="checkbox"/> Benadryl topical analgesic |
| <input type="checkbox"/> Cough Drops / Sore Throat Lozenges | <input type="checkbox"/> Bactine spray (antiseptic, lidocaine) |

It is routine procedure for the school office to place Neosporin[®] or antibiotic cream on a cut or sore. Please indicate whether this is appropriate for your child. **Yes** **No**

Signature of Parent/Guardian

Date