

Date updated: _____



CHRIST CLASSICAL ACADEMY

Insurance Card
Please attach copy
of insurance card.

Medical Information Form

Name of Child: _____ Birth Date: _____

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

In Case of EMERGENCY, contact the parent(s) or guardian(s) in the following order:

Mother Phone 1: _____ phone 2: _____

Father Phone 1: _____ phone 2: _____

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

Child's Physician: _____ Phone: _____

Child's Allergies: _____

Any chronic or debilitating illnesses: _____

Current Medications: _____

Hospital Preference: _____ Date of last Tetanus Immunization: _____

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"/> Benadryl topical analgesic |
| <input type="checkbox"/> Children's/Jr. Tylenol (acetaminophen) | <input type="checkbox"/> Tums tablets (calcium carbonate) | <input type="checkbox"/> Bactine spray (antiseptic, lidocaine) |
| <input type="checkbox"/> Cough Drops/ Sore throat lozenges | <input type="checkbox"/> Children's Benadryl | <input type="checkbox"/> Neosporin or antibiotic cream |

Do you wish to be contacted for ailments and injuries deemed minor by the office staff? _____

I acknowledge this form will be kept on file and referred to during the entirety of the above-mentioned student's tenure at Christ Classical Academy. It is my responsibility to notify the school of any changes or updates that need to be made.

Signature of Parent/Guardian

Date