

Medical & Emergency Information

Please fill in ALL the blanks below.

Enter N/A if a section does not apply to your child.

Entrance Date _____ Withdrawal Date _____

Child's Full Name _____

First Middle Last

Male or Female Date of Birth _____ Age _____

Home Address _____

Street City State/Zip

Mother/Guardian

Full Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Employer: _____

Address: _____

Work Phone: _____

Work Schedule: _____

Father/ Guardian

Full Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Employer: _____

Address: _____

Work Phone: _____

Work Schedule: _____

Marital Status: _____ Married _____ Divorced _____ Separated _____ Single

Custody of the above child belongs to: _____ Mother _____ Father _____ Joint

_____ Other (If other please explain) _____

Medical & Emergency Information

Child can be released to the following people: The said child listed above may be released to person(s) signing this agreement. Designated person(s) other than parents will be asked to show proper identification. Please instruct them to come prepared with a picture ID or driver's license. Please supply all required information below.

Name _____ Phone _____

Address _____

Relation to child _____

Relationship to parent/guardian _____

Name _____ Phone _____

Address _____

Relation to child _____

Relationship to parent/guardian _____

Person(s) to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Address _____

Relation to child _____

Relationship to parent/guardian _____

Name _____ Phone _____

Address _____

Relation to child _____

Relationship to parent/guardian _____

Medical & Emergency Information

Medical facility Due West Academy uses: ***Kennestone Hospital***

Child's Physician _____ Phone _____

Any Known Allergies: **YES** **NO**

List all known allergies _____

Current Prescribed medications _____

Does your child have any special mental, emotional or physical needs that we need to be aware of? _____

Please give a description of any past medical history. Also list any serious illnesses/diseases that your child has had in the past _____

Insurance Carrier _____ Policy number _____

Phone Number _____ Group number _____

Medical Emergency

In case of medical emergency, every effort will be made to reach the parents. Emergency medical treatment will be sought in cases of extreme emergency at an appropriate facility. I, _____, give permission for Due West Academy and an appropriate emergency medical facility to treat my child, _____, as they see fit for any medical emergency that may arise. I further release the facility, the attendant, the doctors, and Due West Academy and staff from any liability for taking such action.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date: _____

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Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Due West Academy, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify): _____

Child's Name: _____

Parent/Guardian Signature

Date

*center should maintain in child's file