



# WESTMINSTER CHRISTIAN ACADEMY

## Emergency Medical Information

To be completed by parent/guardian:

School Year: 2010-2011

\_\_\_\_\_  
Name of Student Date of Birth Grade

Student cell phone \_\_\_\_\_

Please list any allergies to medication, insect bites, food, etc. \_\_\_\_\_

Is there need for restriction of physical activity? \_\_\_\_\_ Explain. \_\_\_\_\_

Is there any unusual problem of which the teacher should be aware? \_\_\_\_\_ Explain. \_\_\_\_\_

If your student has had a new diagnosis, serious injury or surgery in the past year, please explain. \_\_\_\_\_

Does your child take medication daily? \_\_\_\_\_ Please list any medication that your child takes on a daily basis and for what condition? \_\_\_\_\_

Please list any medication that your child may need to take during school hours on the Medication Form.

### Persons to contact regarding illness or injury:

Parent/Guardian (relationship) \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Daytime e-mail \_\_\_\_\_

Parent/Guardian (relationship) \_\_\_\_\_

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Daytime e-mail \_\_\_\_\_

Contact (**other than parents**) \_\_\_\_\_

Home phone \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_  Permission to pick up  Emergency

Person(s) who may NOT pick up your child (if applicable): \_\_\_\_\_

*If this person is a parent, you must provide us with legal documentation that they may not pick up the child.*

### Permission Contract

In the event that during the school day an accident or illness occurs which, in the opinion of the authorities at Westminster Christian Academy, requires a physician's attention and the school is unable to find either parent, the physician or dentist named below may be called to attend to our child named in this application.

Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group/Policy/Contract #: \_\_\_\_\_

In the event that the administration of an anesthetic or the performance of emergency surgery is necessary (as for example, in the setting of a broken bone) and neither parent or guardian is available to give permission, we, the below signed parents/guardians, authorize and empower the Principal or Head of School of Westminster Christian Academy to act for us and to give such permission for the administration of an anesthetic or the performance of emergency surgery to our child. It is understood that the permission granted is in force from the date of this application during the entire time of our child's enrollment in Westminster Christian Academy unless our legal substitutes or we revoke the permission in writing.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Revised January 2010

**Return to WCA, Attn: Registrar, 237 Johns Road, Huntsville, AL 35806**



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## Medication Form

2010-2011

*Medications, whether over-the-counter or prescription, will only be dispensed with permission of a parent. Medication sent to school with a student must be stored in the clinic. The clinic does not stock medication so you must send each medication in the original container and labeled with the student's name and dosage.*

**STUDENT NAME:** \_\_\_\_\_

### Prescribed Medicines to be given at school **daily**

Name & Strength of Med	Dose/Amt	Times to Administer	Special Instructions

### Prescription & Over-the-Counter Medicines to be given **as needed**

Name & Strength of Med	Dose/Amt	For What Conditions?	Special Instructions

I give permission for Westminster Christian Academy to give these medications as prescribed and directed.

\_\_\_\_\_  
Signature of Parent/Guardian

\*You may contact me at the following phone numbers: \_\_\_\_\_