

## Medical Information

This information will be provided to Emergency Medical Technicians if Eukarya Christian Academy staff deems your child to be in need of such treatment.

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's/Guardian's Names: \_\_\_\_\_

Mother's phone (home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's phone (home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Insurance Information:

Member Name: \_\_\_\_\_ Ins. Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Please provide a front & back copy of your insurance card. This will be kept in a secure location.

Name of Student's Physician: \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's known allergies: *(If severe and medication could be needed, a Medication Description Form must be completed.)*

List any medications taken regularly: *(A Medication Description Form must be completed.)*

Date of last Tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any other medical information that we should know? \_\_\_\_\_

**Emergency Contact:** If we are unable to contact parents first, call:

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ cell or home

## OTC Medication Authorization

Medications	Conditions/Symptoms	Please write YES or NO
Benadryl	Allergy Symptoms	
Tylenol / Acetaminophen	Minor aches and pains, fever	
Ibuprofen / Advil / Motrin	Minor aches and pains, fever, cramps	
Tums or Pepto-Bismol	Upset stomach / heartburn / diarrhea	
Antibacterial Ointment	Skin abrasions and cuts	
Calamine or Cortisone	Itching from bug bites, poison ivy, dry skin, etc.	
Sting relief Pad <i>(could contain Lidocaine)</i>	Bee sting	
Vicks/ Ricola / Generic Store Brands	Cough/sore throat	

Authorization is given for the staff of Eukarya Christian Academy to administer the above over-the-counter (OTC) medications as needed during school hours (including field trips). I understand that all of the medications will be administered according to the manufacturer's label. On behalf of my child, I absolve Eukarya Christian Academy and its employees from any and all liability whatsoever that may result from my child taking these medications.

I, the parent/guardian of said child give my permission to Eukarya Christian Academy to obtain medical assistance for my child in my absence.

\_\_\_\_\_  
Parent or Guardian Signature and Date

\_\_\_\_\_  
Parent or Guardian Name (printed)

*By Commonwealth of Virginia Law, the school is not allowed to dispense any over-the-counter medications, apply any topical treatments, or provide any kind of lozenges without a signed form.*

*The only items that we are permitted to distribute without a form are Band-Aids and ice packs.*