

Covenant Christian School Medical Information Form

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Student Name (Last, First, Middle)	Date of Birth	Male/Female	Grade Entering	
			(Yes/No)	(Yes/No)
Medication Allergies	Food Allergies	Other Allergies	Has EpiPen?	Has Inhaler?
			<small>(If so, complete Allergy Asthma Action Plan)</small>	
<p>Covenant Christian School has my permission to administer medications as deemed necessary with the understanding that I will be notified in the case of fever, vomiting, or other severe symptoms. (Yes/No) Comments: _____</p>				
<p>List any long-term medications the student will need to be administered at school. _____</p>				
<p>List and explain any medical conditions or health problems the school should be aware of. _____</p>				
<p>Does your child have a history of seizures? (Yes/No) If yes, please explain. _____</p>				

<hr/>		<hr/>	
Family Physician	Phone Number		
<hr/>	<hr/>	<hr/>	<hr/>
Name of Father/Guardian	Work Phone	Home Phone	Cell Phone
<hr/>	<hr/>	<hr/>	<hr/>
Name of Mother/Guardian	Work Phone	Home Phone	Cell Phone
<hr/>			
Home Address			
<hr/>			
<u>Insurance Information:</u>			
<hr/>			
Medical Insurance Provider	Policy #	Name of Insured	Phone Number

--OVER--

Student Name: _____

Adults (other than parents) to be notified in case of Emergency:

Name Relationship to Student Work Phone Home Phone Cell Phone

Name Relationship to Student Work Phone Home Phone Cell Phone

Name Relationship to Student Work Phone Home Phone Cell Phone

Please carefully read each of the statements below and confirm your understanding by signing and dating at the bottom of this page. More specific information is available in the CCS Parent/Student Handbook.

I hereby certify that, to the best of my knowledge, the information supplied herein, concerning my child's physical and emotional health is accurate and complete, and **I agree to keep CCS apprised of any changes to this information that may occur** during the course of this school year. I give CCS permission to utilize the information as necessary to provide for the safety of my child.

I understand that CCS will not provide over-the-counter (OTC) medications or prescription drugs for student's use. I will provide any prescription or OTC medicine for my child(ren). Prescription medicine will be in the original prescription bottle with a label that includes prescription, name of patient, name of medicine, dosage, and the physician's name. OTC medications will be brought to CCS in the original container, labeled with the child's name and instructions included on dosage amount and time(s) to administer. I understand the policy concerning the administering of medicines as outlined in the Parent/Student Handbook. I hereby authorize any adult designated by CCS Administration to dispense OTC medications to my child, and these medications will be dispensed per manufacturer's dosage instructions according to the child's weight unless otherwise indicated by me.

I hereby authorize any staff member or parent chaperone of Covenant Christian School to call an emergency ambulance in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician called by CCS may treat and do whatever is necessary for the health and well-being of my child(ren). It is understood that a conscientious effort must be made to notify me before such action is taken. I also agree to accept responsibility for the cost of the above medical services.

I(we), for myself, heirs, executors, assigns, and administrators hereby waive and release any and all rights and claims against Covenant Christian School, its agents, and employees for any and all injuries or damages resulting from school activities or medical referral. By signing below, I represent that I have read, understand, and agree to the above.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

--OVER--