

Medical Form

Child's Name: _____ DOB: _____

Child's doctor _____

Childs medical clinic _____

Doctor/clinic phone# _____

Insurance Policy #: _____

My child has the following special medical needs:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

Medications: Medications must be in the original container with child's name printed on it.

EMERGENCY MEDICAL AUTHORIZATION

Should _____ (Child's Name) _____ Date of birth suffer an injury or illness while in the care of the Central Holmes Christian School and the faculty is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent's Signature: _____ Date: _____