



WESTMINSTER CHRISTIAN ACADEMY

Emergency Medical Information

To be completed by parent/guardian:

School Year: 2011-2012

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 _____

Phone _____

Dentist _____

Phone _____

Insurance Company: _____

Group/Policy/Contract #: _____

Name of Insured: _____

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 February 2011

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



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Medication Form

2011-2012

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: _____