

The King's Academy
Student Medical Information '10-'11

Prior year's forms are not available. Please complete entire form.

*I understand that I am responsible for notifying the Administration in writing, of any changes in the medical condition of my child.

Student's Full Name _____ Grade _____
Address _____

City _____ State _____ Zip _____
Home Phone _____ Date of Birth _____

Race _____

Father's/Guardian's Name _____ Work Phone _____

Mother's/Guardian's Name _____ Work Phone _____

Father's Cell Phone _____ Beeper # _____

Mother's Cell Phone _____ Beeper # _____

Health Insurance Co. _____ Policy # _____

Student Medical History:

1. Previous Hospitalization? No Yes, describe _____

2. Heart Difficulties? No Yes, describe _____

3. Previous Diseases? No Yes, explain _____

4. Surgery? No Yes, describe _____

5. Handicaps? No Yes, describe _____

6. Breathing difficulties or asthma? No Yes, explain _____

7. Convulsions/seizures? No Yes, explain _____

8. Diabetic? No Yes, explain _____

9. Allergies? No Yes, explain _____

10. Medication? No Yes, explain _____

11. Eye exam? No Yes, Date given: _____ Results _____

12. Hearing test? No Yes, Date given: _____ Results _____

13. Last physical exam? Date: _____ Physician: _____

Does your child have any physical conditions that would prevent him/her from participating in school-related activities (i.e., recess, PE, sports, etc.)? _____

Physician _____ Phone _____

Dentist _____ Phone _____

Contact in the case of an emergency:

Name _____ Phone _____

Name _____ Phone _____

In case my child becomes ill or is injured while under school supervision, I authorize a representative of The King's Academy to transport my child to a doctor's office, hospital, or emergency room, and to request and secure medical, dental or surgical services for my child as deemed necessary by a licensed physician or dentist. If in the opinion of a licensed physician or dentist, my child needs medical, dental, or surgical services that would require my consent before being supplied and I cannot be reached at the phone number(s) listed above, I hereby authorize, appoint, and empower The King's Academy's representative to furnish on my behalf such written or oral authorization as may be required. Further, I release The King's Academy and its representatives and Trinity Presbyterian Church from any liability that might arise from the giving of such authorization, it being my desire that my child be furnished with such medical, dental or surgical services as soon as reasonably possible after the need arises. I agree that the above information is accurate and up to date.

Signature of Parent or Legal Guardian _____ Date _____

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For use at Registration in August:

By initialing and dating below, I agree that the above information remains accurate and up to date.