Village Christian Academy

Medical Form

A NEW FORM MUST BE COMPLETED YEARLY

Name of Child: ________________________________ Birthdate: ________________ Grade: ________

Parent/Guardian: ________________________________ Home Phone: __________________________

Work Phone: __________________________ Cell Phone: _____________________________________

Emergency Contact (other than above): _____________________________ Phone: _______________

Doctor: ___________________ Dentist: __________________ Preferred Hospital: __________________

School Health Questionnaire	No	Yes	Explain all Yes Answers
Medication Allergies			
Food Allergies			
Environmental Allergies			
Will your child require an Epipen at school?			
Any medications given daily?			
Do medications need to be given at school?			
Childhood diseases/major illnesses/accidents/surgeries?			
Health History			
Asthma			
Diabetes			
Heart problems			
Seizures			
Hearing problems			
Vision problems			
Orthopedic Problems			
Other health problems or concerns.			

Over the Counter Medications: Basic over the counter medication is available through the health room. Non-prescription medications include: Tylenol, Motrin, decongestants (non-pseudoephedrine), multi-symptom cough and cold tabs/liquids, children's Sudafed, antacid chewables or liquid, cough syrup, cough drops, and Chloraseptic spray.

MAY RECEIVE ALL_______ MAY RECEIVE NONE_______ CALL PARENT PRIOR TO ANY TREATMENT _____

Please list any of the above medication(s) NOT to be administered at school ______________________

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I understand that the medications will be administered by the School Nurse or trained designee. Realizing the importance of administering medication, I agree to relieve designated school personnel of liability from any potential ill effects as a result of my child receiving medication.

Parent/Guardian____Date_________________________