

FREDERICA ACADEMY

2024-2025 STUDENT HEALTH INFORMATION AND CONSENT FORM

STUDENT HEALTH INFORMATION AND CONSENT FOR TREATMENT AT SCHOOL AND SCHOOL EVENTS

Last Name: _____ First Name: _____

Middle Name: _____ Goes by: _____

Date of Birth: _____ Gender: _____ Grade: _____ for 20 _____ / 20 _____ school year

Name and Location of last school attended: _____

CONTACT INFORMATION

Name of Doctor: _____ Phone Number: _____

We always attempt to contact Parents first. Please list 2 Emergency Contacts other than parents. These persons are authorized to pick your child up from school.

Name: _____ Relationship: _____ Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____ Home: _____ Work: _____ Cell: _____

INSURANCE INFORMATION

Insurance Company Name: _____ Phone Number: _____

Name of Subscriber: _____ ID Number: _____

Group Number: _____

HEALTH HISTORY

Allergies: Drug: _____ Food: _____ Other: _____

Typical symptoms of allergic reaction: _____

Neurological, Cardiovascular, Respiratory, Kidney, Gastrointestinal, or Orthopedic problems: _____

Prescription Medication - Name, dose, frequency, purpose: _____

Other medical or psychological information we should know: _____

2024-2025 CONSENT FOR TREATMENT

Student Name: First _____ Middle _____ Last _____

Parent/Guardian Health Consents: Please read and sign below.

- I confirm that the information on this form is current and complete.
- I authorize the school nurse to contact my child's physician for further medical information, if needed.
- I authorize that the following over-the-counter medications may be given at school or during school activities (Cross out items you do not want child to receive): Tums, Antibiotic Ointment, Benadryl Spray for itching, Benadryl/Claritin Antihistamine for allergic reactions, Hydrocortisone Cream, Ibuprofen, Acetaminophen.
- I understand that any medications – prescription, vitamins, over-the-counter etc. are to be kept and dispensed by the school nurse, designated teacher, or coach as outlined in the Frederica Academy School Medication Guidelines.
- I authorize first aid and emergency medical treatment while my child is under the supervision of Frederica Academy. In case of serious illness or injury, I authorize school personnel to call 911 for transport to the nearest hospital and treatment by hospital emergency staff.

Parent/Guardian Signature: _____ Date: _____