Frederica Academy
Student Health Information and Consent for Treatment at School and School Events 2020/2021

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: _____H_____W_____C_____

Name: _____Relationship: _____H_____W_____C_____

Insurance Information

Insurance Company Name: _____Phone:_____

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:

_____

_____

_____

Surgeries:

_____

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

_____

_____

Other medical or psychological information we should know:

_____

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Frederica Academy
Consent for Treatment
2020/2021 School Year

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 as amended above or on back.
- 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_____

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