



East Lake Academy
Thy Kingdom Come!

Medical Emergency Information and Consent

Student's Name: _____ Date of Birth: _____

Teacher's Name: _____ Grade: _____

Mother's Name: _____

Father's Name: _____

Address: _____ Home Phone: _____

Mother's Daytime Phone: _____ Cell Phone: _____

Father's Daytime Phone: _____ Cell Phone: _____

Student's Medical Doctor: _____ Phone: _____

Please list allergies to medication(s) or other health problems: _____

Does your child take any medication(s) on a regular basis? Yes No

If yes, please list:	<u>Medication(s)</u>	<u>Dosage</u>	<u>Times Given</u>
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any health problems, including allergies (food, medicine, airborne, bee stings), diabetes, asthma, epilepsy, seizures, etc? If yes, please explain.

In case of emergency, your child will be transported to the nearest hospital. When parents cannot be reached, please list the names and phone numbers of two contact persons in case of emergency or illness.

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby consent to emergency medical treatment for illness or injury to my child, _____, in the event that I cannot be reached. This consent is valid for the entire 2014-15 school year, and covers emergencies or illness arising during the course of extra curricular activities, as well as during the school day.

(Parent/Guardian Signature) _____ (Date) _____

(Parent/Guardian Signature) _____ (Date) _____

To help us keep all information current, please notify the school with updates as they occur.