

STUDENT HEALTH AND EMERGENCY INFORMATION

Wesleyan Christian Academy · 1917 N. Centennial Street · High Point, NC 27262 · (336)884-3333 · Fax: (336) 884-8232

Student Name: _____ DOB: _____ Grade: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION

Mother's Name: _____ Home #: _____ Cell #: _____ Work #: _____

Father's Name: _____ Home #: _____ Cell #: _____ Work #: _____

Guardian's Name: _____ Home #: _____ Cell #: _____ Work #: _____

Emergency contacts to whom your child may be released or who may be contacted in the event that a parent/guardian cannot be reached (please list relationship: grandparent=GP; Aunt= AT; Uncle=UN; Friend=FR; Brother=BR; Sister=SR):

Emergency Contact: _____ Home #: _____ Cell #: _____ Work #: _____
(Circle: GP AT UN FR BR SR)

Emergency Contact: _____ Home #: _____ Cell #: _____ Work #: _____
(Circle: GP AT UN FR BR SR)

PHYSICIAN INFORMATION

Name: _____

Phone: _____

Insurance: _____

Policy/Group Number: _____

DENTIST INFORMATION

Name: _____

Phone: _____

Insurance: _____

Policy/Group Number: _____

HEALTH HISTORY

Chronic Conditions (ADD, Asthma, Diabetes, Dyslexia, etc.): _____

Allergies: _____ (list severity & reaction): _____

Do these allergies require emergency measures, if so what: _____

Injuries or conditions that require special consideration: _____

Appliances (braces, contacts, hearing aid, glasses, etc.): _____

Current Medications: Over-The-Counter: _____

Prescription Medications: _____

Prescription & Nonprescription medications taken at school require physician permission. Forms granting WCA to administer medications during the school day must carry a physician's signature. These forms are available on-line. Please visit the school nurse web page to download forms.

PERMISSION TO TREAT

I/We hereby authorize members of Wesleyan Christian Academy (WCA) to take such measures as deemed appropriate when my child is ill and/or injured. Furthermore, in the event of serious illness and/or injury the rescue squad may be utilized; and examination, anesthesia, x-ray, medical and/or surgical diagnosis, treatment, and hospital care may be rendered by, under supervision and/or on the advice of appropriate medical personnel. In such event, I understand that members of the WCA's staff will make reasonable efforts to contact a parent, guardian, emergency contact, physician and/or dentist as feasible under the circumstances. I/We give permission for the release of health information including verbal, print, fax, and electronic media, for the treatment of my child, within FERPA guidelines, to the appropriate WCA personnel and/or attending health care providers.

Parent/Guardian Signature _____

_____ Date