



Old Plank Christian Academy
Student Medical Information Form 2022-2023

Student's Name _____ Today's Date _____

Student's Date of Birth _____ Grade (Entering) _____

Does your child take any medication on a routine basis? ___Yes ___No ___ during school hours

Name of medication: _____ Purpose of medication: _____

Name of medication: _____ Purpose of medication: _____

My child has a medical condition that may affect his or her school day: ___No ___Yes. If yes complete the information below:

Check the box and explain if your child has now or has a history of these condition(s).

___ Asthma ___Mild ___ Moderate ___Severe ___ Exercise Induced

___ Rescue Inhaler at Home

___ Rescue Inhaler with student (requires written physician authorization)

___ Rescue Inhaler in school office

___ Diabetes

___ Type I ___Type II

___ self-manages ___ requires assistance

___ Insulin at home ___ Insulin at school

___ Allergies to Foods, Insects or Medications

___ Bees/Insects _____ Reaction _____

___ Foods _____ Reaction _____

___ Medication _____ Reaction _____

___ Other _____ Reaction _____

___ EpiPen at home ___ EpiPen at school

Other Condition: _____

Students are not permitted to carry and/or self-administer medication. All medication must be administered through the school office.

NO MEDICINE WILL BE PROVIDED BY THE SCHOOL!

In the event of an emergency, and I cannot be reached, I grant a representative of Old Plank Christian Academy permission to act in my behalf in obtaining necessary medical treatment for my child.

Parent signature _____ Date _____

Primary emergency contact name _____ Phone _____

Secondary emergency contact name _____ Phone _____