



Old Plank Christian Academy
Student Medical Information Form 2021-2022

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 _____