

2021-2022 Student Health Form (Required)

Forms must be completed by all Wardlaw Academy Students before entering school on the first day of the 2021-2022 school year

Student: _____ Date of Birth: _____ Grade: _____

Address _____

Mother/Guardian: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Father/Guardian: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Emergency Contacts: (if parents/guardians cannot be reached)

1. Name: _____ Relationship: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

2. Name: _____ Relationship: _____

Phone Numbers Home: _____ Cell: _____ Work: _____

Medical History: (Please check all that apply. Provide additional information as needed.)

- | | | | |
|-------------------------------------|---|--|-----------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Muscle weakness/paralysis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Vision Problems | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney/bladder | <input type="checkbox"/> Migraines/headaches | |

Additional Information: _____

Allergies: (medications, food, insects, environmental – please be specific) _____

Has your child been prescribed an EpiPen? yes no
 Has your child been prescribed an inhaler? yes no
 Does your child take any medications? yes no If yes, explain _____

Consent for Over the Counter Medications:

I give permission for Wardlaw Academy School Staff to give the age appropriate dose of the following over the counter medications:

- | | |
|---|--|
| Acetaminophen (Tylenol Equivalent) <input type="checkbox"/> yes <input type="checkbox"/> no | Antacids (Tums) <input type="checkbox"/> yes <input type="checkbox"/> no |
| Ibuprofen (Motrin/Advil Equivalent) <input type="checkbox"/> yes <input type="checkbox"/> no | Antibiotic Ointment <input type="checkbox"/> yes <input type="checkbox"/> no |
| Antihistamine for allergic reaction (Benadryl) <input type="checkbox"/> yes <input type="checkbox"/> no | |

Authorization and Consent for Medical Treatment

Understanding that my child may need emergency medical treatment during school hours while attending Wardlaw Academy, I authorize the School through the School's Administrative Staff and Faculty, to administer first aid or other medical treatment, as deemed best under the circumstances. I consent for my child to receive such treatment. I understand the School will attempt to notify me (or other parent/guardian named on this form), in the event of an emergency requiring immediate medical care for my child. If the School is unable to notify me, in case of a serious injury/illness, the School has my permission to arrange transportation to and treatment by a duly qualified physician at the nearest appropriate emergency hospital or clinic.

Signature of Parent/Guardian: _____