

2022-2023 Student Health Form (Required)

Form must be completed by each Wardlaw Academy student before entering school on the first day of the 2022-2023 school year.

Student: _____ **Date of Birth:** _____ **Grade:** _____

Address _____

Mother/Guardian: _____ Cell#: _____ HHome/Work#: _____

Father/Guardian: _____ Cell#: _____ Home/Work#: _____

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

1. Name: _____ Relationship: _____

Best Contact Numbers Cell: _____ Home/Work: _____

2. Name: _____ Relationship: _____

Best Contact Numbers Cell: _____ Home/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? no yes, location of EpiPen: _____

Has your child been prescribed an inhaler? no yes, location of inhaler: _____

Does your child take any other medications? no yes, please 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

In the event that my child needs 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 necessary 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 emergency hospital or clinic.

Signature of Parent/Guardian: _____