

# Crosby Methodist Weekday School

## MEDICAL INFORMATION FORM

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please check any of the following special issues this child may have/ have had: (Mark NONE, if none apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> allergies (Medical Emergency Plan form may be required) | <input type="checkbox"/> existing illness                           | <input type="checkbox"/> previous serious illness |
| <input type="checkbox"/> injuries during the last 12 months                      | <input type="checkbox"/> hospitalizations during the last 12 months |   |
| <input type="checkbox"/> other (explain below)                                   | <input type="checkbox"/> <b>NONE</b>                                |   |

If any of the above are checked, please explain. Also, please list any current and/or daily medications this child takes.

\_\_\_\_\_

\_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

### PARENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I authorize Crosby Methodist Weekday School to contact the following person(s) in case of a medical emergency and I cannot be reached. I give consent for Crosby Methodist Weekday School to make arrangements for emergency medical attention in the event I cannot be reached.

Please be certain that the people listed are within a reasonable distance of the school and would be willing and available to pick up your child in the case of illness or emergency. Weekday School will always attempt to contact parents first. low. We must have a complete address and phone number.

Name	Complete Address	Relation to child	Phone number(s)

**Choose one:**

- Current Immunization Record is attached
- Current Immunization Record is already on file at school
- My child has an upcoming well child appointment and will receive an updated record at that time

**Choose one:**

- Signed Well Child form is attached
- My child has an upcoming well child appointment and will receive a signed Well Child form at that time

Insurance card is attached

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date