

Our Lady of Champion Academy Student Medical Form

Student Name: _____

Grade: _____ Birthday: _____

Father (or Guardian) Name: _____

Daytime Phone Number: _____

Mother (or Guardian) Name: _____

Daytime Phone Number: _____

Other Emergency Contact: _____

Daytime Phone Number: _____

Physician: _____ Phone Number: _____

Insurance Company: _____

Policy #: _____ Policy Holder: _____

Please List any allergies you child has of which OLCA should be aware:

Please list any health conditions your child has of which OLCA should be aware:

Please list any medical devices that your child would require to be brought to OLCA (inhaler; EpiPen, etc.):

My child may be given [please check where applicable]:

Acetaminophen _____ Ibuprofen _____ Benadryl _____ None _____

Authorization for Medical Care: This health history is correct so far as I know. I hereby give permission to the Teacher or Adult-In-Charge to provide routine health care and basic medications. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. Should a medical emergency arise during my child's participation in an Our Lady of Champion Academy activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature: _____

Date: _____