



Acacia Academy

Student Health & Emergency Information

Student Name: _____ Date of Birth: _____

Address: _____

Home phone: _____ Gender: _____

Father's Name: _____ Home phone: _____

Father's Place of Employment: _____

Work phone: _____ Cell phone: _____

Mother's Name: _____ Home phone: _____

Mother's Place of Employment: _____

Work phone: _____ Cell phone: _____

Regular daycare / sitter name: _____

Phone: _____

Please list two (2) nearby relatives, friends, or neighbors who will assume temporary care of your child if you cannot be reached.

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

Does the student have health insurance? Yes / No

Name of insurance company: _____

Name of insured: _____ Policy number: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Hospital of Choice: _____ (EMT or paramedic may override choice)

Current Medications (name and dosage):

Medication Allergies:

Other Severe Allergies (latex, food, insects, environmental, etc.):

I, _____, the parent of _____, realizing that during the course of the normal school day or as a result of athletic or extracurricular participation, medical treatment for my child on an emergency basis may be necessary. Further recognizing that school personnel may be unable to contact me for emergency medical care, I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. I also give permission to administer first aid.

Signature: _____

Date: _____