

THE EARLY LEARNING ACADEMY Teacher

Medical Information and Release Form for the School-Year 2010-2011

Last Name	First	Middle	"Goes By"	DOB	Grade	Sex
						() Regular () Often () Occasional
Family E-mail Address		Name of Family Church			Church Attendance	
Home Address	City	State	Zip	Home Phone		
Student lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (_____)		

Father's Name	Occupation/Title/Place of Employment	Work Phone	Cell
Mother's Name	Occupation/Title/Place of Employment	Work Phone	Cell

The clinic personnel have my permission to give the following: (A note will be sent home if meds are given.)

Tylenol Y__N__ Tums Y__N__ Cough Drop Y__N__ Nasal Decongestant Y__N__
Ibuprofen Y__N__ Benadryl Y__N__ Orajel Y__N__ Claritin Y__N__

A child must wait 24 hours before returning to school if his/her temperature is 100.0 or higher.

What daily medication is the student taking? _____

To what food/medication is the student allergic? _____

Any other allergies? _____

Please have MD fill out allergy action plan form and return to school. Must bring in epipen.

Does the student have asthma? __ Yes* __ No (*Please be sure we have an extra inhaler at school at all times.)

Explain any other important medical fact we need to know. _____

In the event of an **allergic reaction** or **insect sting**, the school may give **Benadryl** or apply Benadryl Cream: __ Yes __ No

In the event my child is sick or injured and I cannot be reached, please contact the following person(s) (in this order.) My child may also be released to the following person(s):

1.	Name	Relation to Child	Day Phone/Cell
2.	Name	Relation to Child	Day Phone/Cell
3.	Name	Relation to Child	Day Phone/Cell

Child's Physician

Phone

Hospital choice

Note: All medication must be sent to the school by the parent or guardian. Parents or guardians may send medicine for a child if both proper instructions and original containers are sent with the medicine. **If your child is prone to have headaches, please send medication at the beginning of the school year to be available as your child needs it.**

Sometimes, but not often, accidents happen and children are injured while at school or on a school function. ELCA employs a nurse to provide assistance with accidents that result in injuries. However, ELFBFC, ELCA, and their staff of employees are not responsible or liable for damages or the costs of further medical care or treatment that the injury may necessitate.

In the event of an accident or illness and neither parent nor legal guardian can be contacted, the school administrators and/or their assignees have my permission to take whatever emergency measures that they deem necessary, including but not limited to: admission to a hospital, clinic or any other medical facility. Also, in the event that emergency surgery would need to be performed, on behalf of my child and/or ward, I give my permission for this or any other treatment necessary.

If there is an emergency and the facility has to be evacuated, my child has my permission to ride school transportation.

Signature of Parent or Legal Guardian

Date

