

SCGA.STUDENT MEDICAL INFORMATION FORM

STUDENT'S NAME			
STUDENT' S BIRTH DATE			
STUDENT'S CURRENT AGE			
STUDENT'S BLOOD TYPE			
STUDENT'S COMPLETE ADDRESS			
STUDENTS SOCIAL SECURITY #			
NAMES OF PARENTS OR GUARDIANS			
MOTHER'S CONTACT INFORMATION	HOME #	WORK#	CELL#
FATHER'S CONTACT INFORMATION	HOME #	WORK #	CELL #
EMERGENCY CONTACT # 1	NAME	RELATIONSHIP	PHONE #
EMERGENCY CONTACT # 2	NAME	RELATIONSHIP	PHONE #
EMERGENCY CONTACT # 3	NAME	RELATIONSHIP	PHONE #
STUDENT'S ALLERGIES			
MEDICAL HISTORY (problems, injuries, surgeries, etc.)			
LIST ALL CURRENT MEDICATIONS AND INSTRUCTIONS IF NEEDED DURING THE SCHOOL DAY			
NAME OF PHYSICIAN			
PHYSICIAN'S PHONE NUMBER			

Parental Authorization for Medical Treatment

In the event of an illness or an accident, I hereby authorize Sugar Creek Christian Academy to act on my behalf for the student named above in securing of medical care. I understand that in the event of an emergency every effort will be made by SCCA to contact the parent or guardian as soon as possible. I affirm that all of the above information is correct and that I am the legal guardian of this child.

Parent or Guardian Signature

Date

(THIS FORM MUST BE FILLED OUT FOR EACH STUDENT PRIOR TO THE START OF EACH SCHOOL YEAR.)