

# MCA – MEDICAL INFORMATION FORM

Student Name _____	Date _____
Date of Birth _____	Age _____ Sex _____ Grade _____

Parents Names \_\_\_\_\_  
 Address \_\_\_\_\_

In the event of a medical emergency please try to reach me at the following numbers:

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
 Cell phone (Dad) \_\_\_\_\_ Cell phone (Mom) \_\_\_\_\_

If you cannot reach me at the above numbers, please try the following person(s):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company _____ Name of Policy Holder _____ Group or Policy Number _____ Phone _____ Does this insurance policy cover accidents?    Yes    No	Primary Care Provider Name _____ Address _____ _____ Phone _____
---	--

Medications your child takes regularly _____ _____ Note any side effects _____ *Medications your child carries for emergency situations i.e. Epi-pen, inhaler, insulin shot, etc. _____ *List any medications to be administered at school _____ _____ *Medicine Authorization Form required	Medical conditions _____ _____ Surgeries _____ Allergies _____ _____ Physical Ed. restrictions _____ _____
--	--

♦In order for MCA to dispense any over the counter medications, we must have written permission to do so. Please **circle** from this list the medications that we are permitted to administer to your child:  
 Tylenol, Ibuprofen, Benedryl, Cold & Allergy Medicine, Nasal Decongestant, Tums, Pepto Bismol, Gas-X, Orajel, cough drops, eye drops, Triple Antibiotic ointment, Hydrocortisone Cream, other \_\_\_\_\_

♦Please indicate if you would like to be called before administering over the counter medications. Otherwise, medications are given based on this signed permission form, and for PK-6<sup>th</sup> grade children, a note is sent home to the parent detailing the medication and the time that it was given. A medication log is kept in the office, if you have questions.    Comments: \_\_\_\_\_  
 \_\_\_\_\_

♦In the event that I cannot be reached, I hereby give permission to the medical personnel selected by the school to order x-rays, routine tests and treatment for my son/daughter.

♦I hereby give permission to the physician to hospitalize and secure proper treatment for, and to order injections, anesthesia and/or surgery for my child as named above.

♦We certify that we will not hold MCA liable for injuries that occur to our child.

**Signature of Parent or Guardian** \_\_\_\_\_                      **Date** \_\_\_\_\_