

Medical Information/Alert Card

2018-2019 Academic Year

Student's Name _____
Last First

Date of Birth _____ Home Phone _____

Address _____

Parent/Guardian _____

Family Physician _____ Phone _____

Does student have any medical issues we need to be aware of? _____

If yes, explain _____

Does student have any allergies? _____

If yes, please list _____

Are student's immunizations up to date? _____

EMERGENCY PHONE NUMBERS

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

*I give permission to Bible Baptist Christian Academy to give the following medications to my child if necessary.

_____ Tylenol _____ Ibuprofen _____ Pepto Bismol

_____ Other (please list) _____

Parent's Signature _____

Date _____

***Please note that any medication your child may need during the school year is to be provided by you. Please send this in with your child the first week of school.