Archway Classical Academy/Chandler
2011-12 Emergency Contact and Medical Information

Student Information:

Name:		Date of Birth:	Male: ◯	Female: ◯
Grade:	Weight:	Eye Color:	Hair Color:	

Parent/Guardian Information:

Parent/Guardian & relationship:	Parent/Guardian & relationship:
Street:	Street:
City/Zip:	City/Zip:
Phone (h) :	Phone (h):
Phone (c):	Phone (c):
Email:	Email:

Emergency Contacts: Permission is given to the following individuals to be called and/or to transport my child in the event the parent or guardian is unreachable.

Emergency Contact #1:	Emergency Contact #2:
Street:	Street:
City/Zip:	City/Zip:
Phone (h) :	Phone (h):
Phone (c):	Phone (c):
Email:	Email:

Medical Information: (If more room is necessary, please list on separate page)

List all medical concerns:
Current Medications and dosage:
Known Allergies:

Archway Classical Academy has my permission to administer the following to my child as needed. (Please check each line.)

	Yes	No
Acetaminophen: Regular strength (325 mg)	☐	☐
Acetaminophen: Chewable (80 mg)	☐	☐
Saltine Crackers	☐	☐
Non-prescription Cough Drops	☐	☐

NOTE: All other medication must be checked into the Health Assistant's office and have the proper prescription information.

Health Care Provider:	
Insurance Policy Number:	

If you are unable to reach me in the event of an emergency, you have my permission to have my child transported to the following hospital:

◯ Yes ◯ No Hospital: _____

_____ _____

Signature of parent Date

Comments: