



Imagine Wesley International Academy

2011-2012
Healthy Student Form



Imagine Wesley

Student Information

| | | | |
|--------------------------------|-------------|----------------|-------------|
| Last Name: | First Name: | Date of Birth: | Grade: |
| Home Address: (Street Address) | | | Apt #: |
| City: | State: | Zip: | Home Phone: |

Parent/Guardian Information

Student Lives with : Both Parents Mother Only Father Only Other: _____

| | | | |
|---------------------|-------------|-------------|--------|
| Parent/Guardian #1: | Last Name: | First Name: | Email: |
| Home Phone: | Cell Phone: | Work Phone: | |
| Parent/Guardian #2: | Last Name: | First Name: | Email: |
| Home Phone: | Cell Phone: | Work Phone: | |

Emergency Contacts *(Local person other than parent/guardian to be contacted in an emergency that can pick up student.)*

| Name | Relationship | Home Phone | Cell Phone |
|------|--------------|------------|------------|
| | | | |
| | | | |

Name of Anyone Who May NOT Sign Out Your Child: *(Documentation must be registered with the Main Office)*

Sibling Information *(Please list all siblings. If they attend Imagine Wesley give their grade and teacher.)*

| Name | Grade | Teacher |
|------|-------|---------|
| | | |
| | | |

Medical Information

Allergies/Type of Reaction:

Current Medications (list all):

Medical History (Asthma, seizures, diabetes, heart murmur, chronic disease):

The following "as needed" medications may be administered to your student by the school nurse or designated IWIA employee. (Acetaminophen, Ibuprofen, Diphenhydramine HCL for allergic reaction only, Tums, and allergy eyedrops).

Authorization to Treat

I release Imagine Wesley International Academy and any designated employee from any liability for administering any of the above listed "as needed" medications during any school related activity. As a result of athletic/school participation, including ALL field trips, medical treatment on an emergency basis may be necessary and I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance that Imagine Wesley International Academy has the authority to transport my child to the hospital for emergency medical care as may be deemed necessary under the existing circumstance.

| | |
|----------------------------------|-----------------------|
| Parent/Legal Guardian Signature: | Date: |
| Health Insurance Company: | Policy Holder's name: |
| Member ID#: | Group # |
| | PCP Phone: |