



Wesley International Academy

2012-2013

Healthy Student & Medical Authorization Form

Student's Name _____ Grade _____ DOB: _____

Parent/Guardian Information				
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian				
Other _____				
Parent/Guardian	Last Name:	First Name:	Email:	
Home Phone:	Cell Phone:	Work Phone:		
Parent/Guardian	Last Name:	First Name:	Email:	
Home Phone:	Cell Phone:	Work Phone:		

IN CASE OF EMERGENCY FOR _____, AND PARENTS CANNOT BE REACHED, THE FOLLOWING PERSONS MAY BE CALLED TO PICK UP MY CHILD:

	NAME	RELATIONSHIP	HOME #	WORK #	CELL #
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

STUDENT WILL BE RELEASED ONLY TO THOSE LISTED ABOVE. PHOTO ID IS REQUIRED!

IF EMERGENCY TREATMENT IS REQUIRED, EMERGENCY CARE WILL BE COORDINATED THROUGH THE LOCAL EMERGENCY SYSTEM (911). If non-emergency treatment is required, parent/guardian or other will be contacted.

Does student have any medical conditions? Yes No If yes, please explain _____

Does student have allergies? Yes No If yes, please explain _____

I hereby give my consent for my child to participate in the School Health Services Program. This means my child may receive a health appraisal at school, which includes vision and hearing screenings.

MEDICAL FACTS: FACTS CONCERNING MY CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED: _____

Parent/Guardian Signature: X _____ **Date:** _____

Parent/Guardian verifies that the information provided is true and correct, and understands that Wesley Int'l Academy will rely upon this information as true and correct. Parent/Guardian acknowledges that there are legal penalties, including possible criminal penalties, for intentionally providing false information to WIA.