GRACE CLASSICAL ACADEMY
EST. 2011

Emergency Medical Information Form

If your child takes medication and/or has a medical condition, this form must be completed in case emergency medical treatment is necessary.

Please fill out one form per child (if applicable).

Child's Name: _____ **Date of Birth:** _____/_____/_____

Medications currently taken by your child (prescription or over the counter even if taken at home):

Medication Name:_____ For:_____ Dosage:_____ Frequency:_____

Medication Name:_____ For:_____ Dosage:_____ Frequency:_____

Does your child have any allergies? _____ YES _____NO

If yes, please explain the allergy (medication, food, environmental) _____

_____

An Asthma/Allergy Action Plan Form along with the Medication Administration Authorization Form must be completed by your child's Physician.

Does your child have any other medical conditions of which we need to be aware? _____YES _____NO

(1) Signs/symptoms to look for: _____

_____

(2) If signs/symptoms appear, do this: _____

_____

(3) To prevent incidents: _____

_____

Parent Signature: _____ _____ /_____ /_____

Date

2416 Creswell Road Bel Air, MD 21015 / 410-734-6111
www.graceclassicalMD.org/office@graceclassicalMD.org