



Faith Christian Academy

Medical & Emergency Information Form

*This form is for kindergarten through twelfth grade students. Pre-kindergarten students have a separate form.

Student Name: _____ Grade: _____ School Year: _____

Date of Birth: ____/____/____

Family Physician: _____ Phone: _____

Allergies:

List medication: (If given at school, a signed permission form must be on file.)

Medication: _____ Reason: _____
Home _____ School _____

Medication: _____ Reason: _____
Home _____ School _____

Medication: _____ Reason: _____
Home _____ School _____

Significant past medical history:

***A copy of each child's state-issued Birth Certificate must be provided before admission is finalized.**

(See the Immunization and Tuberculin Test Requirements located in the information documents.)