



Faith Christian Academy

Medical & Emergency Information Form

*This form is for Pre-kindergarten students.

Student Name: _____ Grade: _____ School Year: _____

Date of Birth: ____/____/____ **Must be 4 by Sept. 1. **Priority is given to students whose birthdays are before July 1.**

Child's Physician: _____ Phone: _____

Physician's Address: _____

Preferred Hospital/Clinic for Emergency Care: _____

Student's Health Insurance Provider: _____ Policy #: _____

Special Diet/Medical Needs/Significant Past Medical History: (List any allergies, illnesses, special needs and concerns)

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

Medication: _____ Reason: _____
Home _____ School _____

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Home _____ School _____

Emergency Contact Information: (Give addresses & phone # for emergency contacts. Permission is granted to FCA personnel to release my child to the **Emergency Contacts** on this application. _____ initials)

1. _____

2. _____

3. _____

***A copy of each child's state-issued Birth Certificate must be provided before admission is finalized. (See Immunization Requirements located in the information documents.)**