Elite Academy

MEDICAL HISTORY FORM

Name of Student: Age: Date of Birth:

Medical History:	
Is your child being treated for any health problems? ☐ YES ☐ NO If yes, please list below.	Has your child had any serious illness? ☐ YES ☐ NO If yes, please describe below.
Has your child even been hospitalized? ☐ YES ☐ NO if yes, please describe below.	Does your child currently take medication? ☐ YES ☐ NO If yes, please list below and indicate if taken at home or at school.

Allergies/Asthma/Diabetes:	
Does your child have any food allergies? ☐ YES ☐ NO If yes, list foods and describe symptoms.	Is your child allergic to any medications? ☐ YES ☐ NO If yes, please list medications.
Does your child have asthma? ☐ YES ☐ NO If yes, an Asthma Action Plan and Inhaler Authorization must be completed & given to school.	Does your child have diabetes? ☐ YES ☐ NO If yes, a Diabetes Medication Management Plan must be completed & given to school.

If your child has allergies/asthma/diabetes, action plans must be completed and given to Elite Academy along with any prescribed medications, such as an Epi-Pen or inhaler.

Name of physician: _____ Phone #: _____

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Emergency Authorization

In the event my child should become ill or injured and I cannot be reached, I give permission for the School Administrator or designee to use his/her discretion in obtaining medical treatment for my child. I understand that my insurance company or I will be responsible for payment.

I hereby give permission to the medical personnel selected by the School Administrator or designee to order X-rays, routine tests and treatment for my child, including hospitalization, injections and/or anesthesia and/or surgery.

_____ _____

Signature of Parent/Guardian Date

NOTIFY IN CASE OF EMERGENCY:

Father: _____ Phone #: _____ Other #: _____

Address: _____

Mother: _____ Phone #: _____ Other #: _____

Address: _____

Please provide the name of someone to be reached in any emergency in the event a parent is not available.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____