

# Websterville Christian Academy

*Distinctively Different by God's Design*

Barre, Vermont

ANNUAL HEALTH UPDATE & EMERGENCY AUTHORIZATION FORM

School Year 2023-2024

**PURPOSE:** To enable parents/caregivers to AUTHORIZE emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached. Upon completion, parents/ caregivers must return this form to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent. The original form stays with the front office administration.

Student's Full Name

Last First Middle initial Age Grade

Student's Doctor's Name:	Phone:
	Today's Date:
Prescription Medication Information: <b>*Any medication that needs to be dispensed at school must have a matching prescription label and doctor's order.* PLEASE COMPLETE THE SEPARATE PRESCRIPTION MEDICATION FORM</b>	
Student's Dentist:	Phone:
Hospital Preference:	Phone:

## STUDENT'S MEDICAL HISTORY:

- ALLERGIES: Food, Medication, other: (please describe) \_\_\_\_\_

Do they require an EpiPen? Yes or No

- ASTHMA: Has a doctor, nurse, or other health professional EVER said that your child has asthma?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know/not sure
  - If yes, does your child STILL have asthma?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know/not sure
- DIABETES? Yes \_\_\_ NO \_\_\_
- SEIZURES? Yes \_\_\_ NO \_\_\_
- USE CORRECTIVE LENSES? YES \_\_\_ NO \_\_\_ HEARING AIDS? YES \_\_\_ NO \_\_\_

**IN CASE OF AN EMERGENCY INVOLVING MY CHILD, WHEN I CAN NOT BE REACHED:** I hereby give consent to transport my child for medical care and authorize the providers and hospital to give any reasonable and customary medical and health care deemed necessary at my expense. It is understood that I will be financially responsible for all emergency care.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Please indicate if student has had or is currently under treatment for any of the following conditions:

\_\_\_ BLEEDING DISORDERS \_\_\_\_\_

\_\_\_ EAR/HEARING PROBLEMS \_\_\_\_\_

\_\_\_ HEART PROBLEMS

\_\_\_ HIGH BLOOD PRESSURE

\_\_\_ MENTAL HEALTH CONDITION and treatment

(Please explain): \_\_\_\_\_

\_\_\_ MUSCULAR WEAKNESS OR PARALYSIS

\_\_\_ MIGRAINE HEADACHES

\_\_\_ OTHER allergies: (Please list) \_\_\_\_\_

**\*\*Please be aware that any student who presents with a fever of 100°F or higher, will be required to be picked up from school as soon as possible. Students may return to school ONLY if they have had no temperature for 24hrs.**

**WITHOUT a fever reducer (I.e; Tylenol, Motrin).**

<u>Siblings: [this section is for optional inclusion in school emergency health form]</u>			
<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this authorization the parent/guardian is agreeing that the above medical information is correct and current for the above named student. The parent/guardian agrees to provide Websterville Christian Academy with the appropriate medical paperwork for Emergency Medication such as inhalers.

The parent/guardian also agrees that until such medical paperwork for Emergency Medication is provided, their student will not be allowed to attend classes at WCA.

\_\_\_\_\_  
Signature - Parent or Guardian      Relationship to student      Date

\_\_\_\_\_  
Signature - Parent or Guardian      Relationship to student      Date