ARCHWAY CLASSICAL ACADEMY | CHANDLER
A Great Hearts Academy

Emergency and Medical Information

Student Information				
Student's Name:				
Grade:	Date of Birth:	Age:	Gender:	Weight:
Primary Guardian One				
Name:	Home Address:			
Home Phone:	Cell Phone:		Business Phone:	
Legal Custody:	Lives With:		Receives Mailings:	
Email Address:				
Primary Guardian Two				
Name:	Home Address:			
Phone:	Cell Phone:		Business Phone:	
Email Address:				
Legal Custody:	Lives With:		Receives Mailings:	
EMERGENCY CONTACT – List a different contact than above				
Name:	Home Address:			
Primary Phone:	Cell Phone:		Business Phone:	
Email Address:				

Additional individuals who have my permission to collect my child from the facility:		
Name:	Cell Phone:	Home Phone:
Name:	Cell Phone:	Home Phone:
Name:	Cell Phone:	Home Phone:

The following individuals may NOT remove my child from the facility:
Name:

Archway Chandler has my permission to administer the following to my child as needed. Please check each line.					
	Yes	**No**		**Yes**	**No**
Acetaminophen/Chewable 80 mg			Ibuprofen/Chewable 100 mg		
Acetaminophen/Tablet 325 mg			Ibuprofen/Tablet 200 mg		
Saltine Crackers			Benadryl		
Non-Prescription Cough Drops			Antacid (Tums)		

List of all medical concerns:	
Is the student allergic to food or other substances? Please list:	
Is there any physical or medical condition that we should be aware of for this student?	
If yes, list conditions:	
If you have answered "yes" to any of the above, please provide a written health care plan prescribed by your physician. Blank health care plans are available in the health office.	

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me. This **Emergency Information** is accurate and complete, and was provided by:

Parent/Guardian PRINTED Name:	Signed Name:	Date:
		{today.date}