



# 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}