

## CAA Student Medical Information Form—2017-2018

**Student's Full Legal Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mom's Cell:** \_\_\_\_\_ **Dad's Cell:** \_\_\_\_\_

**Student Cell:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

### Medications to be taken at school/on school trips:

Medication Name	Dosage	Time to be taken

Over the counter medications will be available to your student if needed. The medication supply includes, but is not limited to the list below. These medications will be administered under the direction of a chaperone. Please check YES if you approve or NO if you do not approve of the medication being used.

<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>	
___	___	Tylenol (acetaminophen)	___	___	Benadryl (allergy medication)
___	___	Advil (Ibuprofen)	___	___	Imodium (diarrhea)
___	___	Tums	___	___	Pepto-Bismol
___	___	Topical Ointments (Aloe-Vera, Hydrocortisone, antibiotic ointment)	___	___	Cold Medicine/Cough Drops

**Please attach/mail in/email a photo-copy of the front and back of your student's health insurance card.**

In the event I cannot be reached in an emergency, I hereby give my permission to the administration or chaperone to seek medical attention on behalf of my student. I give permission to give over-the-counter medications as listed above. I understand every effort will be made to contact me if my student is ill or injured.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(This form will be copied and carried in all school vehicles for any CAA field trips.)