Appomattox Christian Academy

A Parochial School of St. Andrew's Reformed Episcopal Church
Fulfilling the Command of Christ:....docete omnes gentes.... (teach ye all nations)
1916 Redfields Road, P.O. Box 517 Appomattox, VA 24522 434.352.7373
www.weareaca.org

Application for Admissions- Section III Student Medical Information

Instructions: Please complete Section III for each individual child. Please feel free to attach any additional information you would like to share with the Academy pertaining to your family or you may choose to share during the interview.

Full Name of child: _____ *Date of Birth:*_____

Child Resides With: _____ *Current Age:*_____

Gender: ☐ Male ☐ Female *Circle Entry Grade Level:* PK K 1 2 3 4 5 6 7 8 9 10 11 12

Home Address: _____

Parent Contacts

1) ***Name:***_____***Relationship:*** _____

   *Daytime Phone:*_____*Cell Phone:*_____

   *Address:*_____

2) ***Name:***_____***Relationship:*** _____

   *Daytime Phone:*_____*Cell Phone:*_____

   *Address:*_____

Emergency Contacts (other than parents)

1) ***Name:***_____***Relationship:*** _____

   *Daytime Phone:*_____*Cell Phone:*_____

   *Address:*_____

2) ***Name:***_____***Relationship:*** _____

   *Daytime Phone:*_____*Cell Phone:*_____

   *Address:*_____

Immediate Health Concerns

Does the child have any health problems? ☐ Yes (If yes, please elaborate) ☐ No

_____

List any medications the child takes on a regular basis: _____

_____

Consent for Administration of Medicine and Medical Treatment as per the following limitations:

When judged necessary, the child may be administered the following treatment by Appomattox Christian Academy:

☐ Children's or ☐ Adult Tylenol	☐Band-Aids/Bandages	☐Medicated Spray/Ointment
☐ Children's or ☐ Adult Motrin	☐ Benadryl	☐Vitamin C Lozenges
☐ Pepto Bismol	☐ Tums	☐ Cough Drops

I have provided for Emergency administration:

☐Epi pen	☐Inhaler/Nebulizer	☐Glucagon/Sugar Tabs

Any medication/treatment not listed above may not be administered without consent of the treating physician.

In case of emergency, if a parent or designated contact cannot be reached, I give permission to the faculty and/or staff of Appomattox Christian Academy to make arrangements to transport my child to Lynchburg General Hospital for treatment.

_____

Parent/Guardian Signature and Date *Medical Insurance Co./Policy Number*

Please check all items applicable to the child:

☐ Needs assistance when using the restroom
☐ Convulsions/seizures
☐ Problems with swallowing/choking
☐ Convulsions/seizures
☐ Dietary problems _____
☐ Bowel or Urinary Tract issues _____
☐ Dental Problems
☐ Previous Head Injury
☐ Asthma or other breathing difficulties
☐ Prone to sore throats
☐ Prone to fevers
☐ Receives physical therapy
☐ Hearing Impairment
☐ Eating Disorder _____
☐ Corrective lenses i.e. glasses/contacts
☐ Persistent infectious disease
☐ Night terrors/Sleep disorders
☐ Auto Immune _____

☐ Food Allergies _____
☐ Other Allergies_____
☐ Special Diet _____
☐ Other Allergies_____
☐ Difficulty Eating
☐ Frequent Urination
☐ Braces
☐ Corrective shoes/leg braces
☐ Persistent cough
☐ Chronic sinus infections / frequent colds
☐ Prone to ear infections
☐ Receives speech therapy/ has speech impediment
☐ Recent or past surgery_____
☐ Color Blindness/vision impairment _____
☐ Difficulty Sleeping
☐ HIV/AIDS
☐ Phobia(s)
☐ Other _____

Please elaborate further and provide and information needed so we may best care for the child:

_____

_____

_____