

TRAFTON ACADEMY MEDICAL CARD

Grade: _____ Homeroom: _____

CHILD'S FULL NAME _____ Sex: M F BIRTHDATE ____/____/____
LAST NAME FIRST NAME MIDDLE NAME

Child lives with: Mother Father Both

* *If different from father*

FATHER _____	MOTHER _____
_____	_____
_____	Address* _____
_____	City/State/Zip* _____
Home # _____ Work # _____	Home # _____ Work # _____
Cell # _____ Pager # _____	Cell # _____ Pager # _____

MEDICAL INFORMATION

1. Name any health condition about which we should be informed (i.e. allergic to bee stings, etc.)
2. Circle any medication which we may administer to your child and dosage. (Any over-the-counter medication? i.e. Benadryl)

TYLENOL _____ Tylenol _____ Advil _____ BENEDRYL _____

3. Name any prescribed medication your child will be taking at school.

Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

EMERGENCY

In case I cannot be reached, my child may be released to the person named below:

Name _____ Phone Number _____

Parent's Signature _____ Date _____