



Agapé Jr. Academy, Inc

186 New Hope Road
Lawrenceville, GA 30046
Phone: 678 376-0883 Fax: 678 226-9718

MEDICAL INFORMATION

It is vitally important for the safety and well being of your child that we have the information requested on this form in case of an emergency. Please fill out the form **COMPLETELY** for each child. **PLEASE NOTIFY THE SCHOOL OFFICE ABOUT ANY CHANGE IN THIS INFORMATION.**

Student's Name:

Full Name

Birth Date:

Parent/Guardian:

Cell:

Home Phone:

Work:

Parent/Guardian:

Cell:

Home Phone:

Work:

THREE LOCAL RELATIVES/FRIENDS WHO CAN BE REACHED IN AN EMERGENCY:

1. NAME: RELATIONSHIP

PHONE:

2. NAME: RELATIONSHIP

PHONE:

3. NAME: RELATIONSHIP

PHONE:

STUDENT'S PHYSICIAN: PHONE:

STUDENT'S DENTIST: PHONE:

PREFERRED HOSPITAL:

INSURANCE COMPANY: Group #:

POLICYHOLDER: SSN:

Phone #:

IS YOUR CHILD ON MEDICATION? YES NO

If Yes, what kind?

How Often?

Is your child allergic to anything?

If yes, explain:

Describe ALL medical conditions that the school needs to be aware of and any special measures the school may need to take to facilitate your child (i.e., asthma, ADHD, ear infection, hearing problems, and vision. Only a limited number of students with special needs may be admitted in each class. If the school deems that the class cannot include an additional student with learning needs without compromising the instruction of the entire class, it reserves the right to deny enrollment.

EMERGENCY INSTRUCTION

If a medical emergency arises concerning your child and the school cannot reach you, do you consent to the school notifying a local hospital of the emergency?

If NO, what are your instructions?

Parent Signature:

Date: