



# Porter Academy

*Porter Academy, Inc. does not discriminate in any way on the basis of race, color, gender, religion, or national or ethnic origin.*

## 2010-2011 Medical/Emergency Information

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Other Medical \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies** - List any medical or food allergies, along with the symptoms and reactions:

\_\_\_\_\_  
\_\_\_\_\_

**Current Medication** - List all medications your child is currently taking:

Medication	Dosage	Time Given	MD	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Health History and Medical Concerns** - List any major illness, chronic problems, ADHD, etc.:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I understand and agree that the staff will take care of minor injuries. When a child is injured the first priority will be to attend to the child and apply first aid. If the injury is serious we will call 911 and immediately call the parent. If an ambulance is necessary, we will request transportation to a hospital. If the parent has not reached the school by the time of transport, a staff member will accompany the child with a copy of this authorization form. In the case of accidental poisoning, a call will be placed to the Poison Control Center (404) 616 – 9000 for instructions. An Accident Report will be completed by staff members supervising the child at the time of the accident and placed in the child’s permanent file.

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date