

2021-2022 Medical Authorization



Student's Name _____ Grade _____ Date of Birth _____

Medical Conditions

Please list any illnesses or injuries your child has had within the last 12 months and any chronic conditions or physician-ordered restrictions. (Examples: Food or Environmental Allergies, Anaphylaxis, Asthma, Seizure Disorder, Diabetes, ADHD, Heart Problems, Skin Issues, Kidney Disease, Digestive/Stomach Problems, Anxiety, Vision or Hearing Problems, Developmental Concerns, Other Health Issues)

Does your child take any medications? No Yes (please specify) _____

Will your child need any medications at school? No Yes* (please specify) _____

** An authorization form for the administration of medication in school must be completed and signed by parent/guardian and health provider for all prescription medications administered at school. This form is available in the New Life Academy Health Office or in the Veracross parent portal.*

Medical Contacts

Please provide the names, addresses, and phone numbers of the student's source of regular and emergency medical and dental care.

Healthcare Provider & Clinic: _____ Address & Phone Number: _____

Dentist: _____ Address & Phone Number: _____

Minor Illness/Injury: In case of a minor illness or injury where immediate treatment is not indicated, New Life Academy staff will attempt to contact the parents first. If the parents cannot be reached, I request that one of the emergency contacts designated in Veracross be contacted and requested to care for my child. A picture ID is required if a student is unable to remain in school and an emergency contact or someone other than a parent is picking up your child.

Serious Illness/Injury: In case of serious illness or injury where immediate care is needed, I understand New Life Academy staff will contact appropriate emergency medical services/911. If possible, both 911 and parents will be contacted simultaneously. The New Life Academy staff and emergency medical service has my consent to provide necessary treatment or transportation for my child. Emergency treatment costs are the responsibility of the student's parents.

Authorization—Parent/Guardian Signature _____ **Date** _____

Medical information provided through this form will be used to provide for your child's health and safety needs at school. The information you provide will be shared by the New Life Academy Health Office to staff whose jobs require access to this information to ensure your child's safety and school success. If you do not want your child's medical information shared, a written request would need to be submitted to the New Life Academy Health Office.