



Baytown Christian Academy

Student Health and Medication Form

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list names and phone numbers to call if the parent/guardian cannot be reached.

Name	Relationship	Phone
1) _____	_____	_____
2) _____	_____	_____

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please check the following that apply:

- |                        |                       |
|------------------------|-----------------------|
| Daily Medication _____ | Rheumatic Fever _____ |
| Drug Allergies _____   | Seizures _____        |
| Asthma _____           | Tuberculosis _____    |
| Chicken Pox _____      | Speech Defect _____   |
| Diabetes _____         | Ear Defect _____      |
| Heart Trouble _____    | Eye Defect _____      |

Please comment on any of the items checked:

Daily Medications(must be dispensed from original labeled containers and a parent must bring in the medication) New medications must be added to this form on the day it is brought in.

Initial and Date	NAME OF MEDICATION	AMOUNT TO BE DISPENSED	TIME TO BE DISPENSED
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

BCA does not dispense any medication without prior written permission from the parent/guardian. If your child needs OTC medication on a regular basis you must bring it in the original bottle labeled and add it to the list of medications above. However, we will dispense OTC meds in an emergency with your consent (such as Tylenol, Advil, Tums or the generic equivalent). Please indicate your consent: YES \_\_\_\_\_ NO \_\_\_\_\_ YES, but only if I am called first \_\_\_\_\_

BCA reserves the right to call an ambulance for your child in case of an emergency.