

Emergency Medical Form

If your student has any significant medical condition which could present a potential emergency or of which you believe our staff needs to be aware, please provide the following information. This information will be kept confidential and will only be available to our supervisors and/or staff on a need-to-know basis. **Please turn in a copy of this to the supervisor(s) on each campus your student attends.**

Child's Name _____

Parent _____ Phone _____

Parent _____ Phone _____

Doctor _____ Phone _____

Address _____

Emergency contact (if ODA is unable to reach the parents) (List two)

Name _____ Phone _____

Name _____ Phone _____

Do we have permission to contact your doctor in an emergency? Yes _____ No _____

Please list all medical conditions so that ODA can best serve your child in the event of a medical emergency. Include all dietary restrictions, medical conditions, medications, allergies (including severity) and illnesses. _____

Please list all medication your student will have with him/her on campus (excluding basic over the counter items such as ibuprofen)

Do you give ODA personnel permission to assist your student with medication such as an EpiPen in the event of an emergency? Yes _____ No _____ If yes, please provide details here

In consideration of the acceptance of my child as a student in One Day Academy, the undersigned agrees to release and indemnify One Day Academy, its directors, and employees against any claims and demands made by or on behalf of _____.

Parent Signature

Date