

E. B.L.A. Academy
Emergency/Medical Information Sheet

Student Name _____

Please check any of the conditions that your child has below:

- Asthma
- Allergies (if a specific allergen exists, please list below)
- Cancer/Leukemia
- Diabetes
- High Blood Pressure

Other/explain _____

Medications your child currently take are (list in this space, use the back or attach paperwork):

The only medicine we will administer is Tylenol®. So, if your child is sensitive to this medication OR any other medications, please list below:

Student blood type: _____ (According to the Red Cross, knowing a person's blood type can enable them to receive quicker medical assistance in case of an emergency).

A copy of the official hearing screening and immunization must be attached.

Emergency contact Name #1 _____

Emergency contact phone #1 _____

Emergency contact Name #2 _____

Emergency contact phone #2 _____

I affirm that I have answered all the information above truthfully. I understand that by not answering truthfully, I am only impending medical attention in case of emergency. I understand that this information will NOT be shared with anyone without my consent.

Parent/Guardian Signature _____

Today's Date _____