

**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. E.B.L.A. Academy is not liable for any medical condition that has not been reported.

Parent/Guardian Signature \_\_\_\_\_

Today's Date \_\_\_\_\_