

SUNSHINE BIBLE ACADEMY FAMILY MEDICAL CARE FORM

Last Name:												
Students Name(s)	Grade	Age	Sex	Birth date	Blood Type (if known)	Please indicate meds your child may take						ALL Known allergies Chronic Problems? (PMS, migraine, allergies, stomachache, etc.) Specific instructions for taking medicine.
						Tylenol	Ibuprofen	Cold/Allergy medicine	Antacid	Meds for stomach	NO MEDS	
PARENT/GUARDIAN										HOME PHONE		WORK PHONE
ADDRESS										FATHER'S CELL NUMBER		MOTHER'S CELL NUMBER
INSURANCE COMPANY										POLICY NUMBER		
ADDRESS										INS CO PHONE NUMBER		
SUPPLEMENTAL INSURANCE												
ADDRESS												
OTHER EMERGENCY CONTACT										PHONE NUMBER		

I hereby authorize Sunshine Bible Academy staff to call an ambulance in case of accident or acute illness and to arrange for necessary medical or surgical care in case I am not immediately available.

It is understood that a conscientious effort will be made to notify me or the emergency contact before such action is taken, unless it is a case of extreme emergency.

I agree to accept responsibility for the cost of medical services incurred.

I hereby give permission for Sunshine Bible Academy staff to make approved medical appointments and drive my student(s) to local clinic in Miller, SD.

By my signature I understand all medications my student brings, including over-the-counter drugs, will be given to the resident supervisors, or the office staff (for drive-in students). The medication will be appropriately marked for the student. All medication will be taken in the presence of a staff member and properly recorded.

If there are any changes to the above information, I will notify Sunshine Bible Academy.

PLEASE INCLUDE A PHOTO COPY OF INSURANCE CARD.

Parent/Guardian signature

Date