



200 Cox Road
 Roswell, Ga. 30075
 Phone: 770.594.1313
 Fax: 770.594.1771
 www.porteracademy.org

2011-2012 Medical/Emergency Information

Student Name _____ Birth Date _____

Pediatrician _____ Phone _____

Other Medical _____ Phone _____

Allergies - List any medical or food allergies, along with the symptoms and reactions:

Current Medication - List all medications your child is currently taking:

Medication	Dosage	Time Given	MD	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health History and Medical Concerns - List any major illness, chronic problems, ADHD, etc.:

Emergency Contact #1 _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Emergency Contact #2 _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Emergency Contact #2 _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

I understand and agree that the staff will take care of minor injuries. When a child is injured the first priority will be to attend to the child and apply first aid. If the injury is serious we will call 911 and immediately call the parent. If an ambulance is necessary, we will request transportation to a hospital. If the parent has not reached the school by the time of transport, a staff member will accompany the child with a copy of this authorization form. In the case of accidental poisoning, a call will be placed to the Poison Control Center (404) 616 – 9000 for instructions. An Accident Report will be completed by staff members supervising the child at the time of the accident and placed in the child's permanent file.

 Signature of parent

 Date



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