El-Sewedy International Academy of Cincinnati
Student Emergency and Health Information

Child's Name:	Sex: ☐ Male ☐ Female	Date of Birth: Month /Day /Year
Home Address:		City, State, Zip Code:
Mother's Name:	Father's Name:	Step-Parent/Guardian's Name (if applicable):
Address (if different from student):	Address (if different from student):	Address (if different from student):
Cell/Home Phone Number:	Cell/Home Phone Number:	Cell/Home Phone Number:
Employer's Name:	Employer's Name:	Employer's Name:
Work Phone Number:	Work Phone Number:	Work Phone Number:
Alternate Phone or Pager Number:	Alternate Phone or Pager Number:	Alternate Phone or Pager Number:

List two people who can be contacted, and to whom your child can be released in the event of an emergency:

1. Name: ____________________________ Relationship: ____________________ Phone: ______________________
2. Name: ____________________________ Relationship: ____________________ Phone: ______________________

Name of Child's Physician/Clinic: ____ Phone: _____________________

Name of Child's Dentist/Clinic: ____ Phone: _____________________

Preferred Local Hospital: ____ Phone: _____________________

Academy Medical Emergency Policy: Minor first aid will be administered by our staff. Emergency contacts will be made for injuries/illness beyond our ability to handle. "911" will be called to assist in the event of serious illness or injury. Our emergency policy is in effect for all students. Your child's attendance in the school signifies your acceptance of this policy.

Grant to Consent: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for
(1) the administration of any treatment deemed necessary by above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
(2) the transfer of the child to any hospital reasonably accessible.
This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date: ___________________________ **Signature of Parent/Guardian**: ____

Family Health History: Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father:
Mother:
Brothers and Sisters:

Student Health History is continued on the back. ⬂

Student Health Conditions

☐ **Yes,** my child has been diagnosed with and/or receives regular medical/health care for the following conditions:

☐ No, my child does not have any known medical conditions.

☐ Allergies
☐ Asthma
☐ ADD/ADHD
☐ Autism
☐ Behavior concerns
☐ Birth/congenital malformations
☐ Bone/muscle/joint problems
☐ Blood problems
☐ Bowel/bladder problems
☐ Cancer
☐ Cystic fibrosis
☐ Diabetes
☐ Depression
☐ Ear problem/hearing difficulty
☐ Emotional concerns
☐ Headaches
☐ Heart problems
☐ Hemophilia
☐ Juvenile arthritis
☐ Lead poisoning
☐ Migraines
☐ Neuromuscular disorder
☐ Seizure disorder
☐ Sickle cell anemia
☐ Skin conditions
☐ Speech problems
☐ Traumatic brain injury
☐ Vision problems (glasses, contacts)
☐ Other ___________________________
☐ Other ___________________________
☐ Other ___________________________
☐ Other ___________________________
☐ Other ___________________________

Please explain any conditions above, or any reasons for hospitalization:
____

Allergies: Please indicate any allergies your child may have.

Allergy Type	Reaction	School restrictions or recommended actions.
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ Other		

Medications: Please list any prescription and/or over-the-counter medications that your child takes on a regular basis.

Medication and Dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes ☐ No If yes, please explain: ____

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Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes ☐ No If yes, please explain: ____

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Please indicate any other information about your child's health or development that you think would be helpful for the school to know.