

MEDICAL/EMERGENCY CARE FORM

All information on this form is required by the Commonwealth of Virginia Department of Social Services in addition to Pinecrest School and Pinecrest Summer Pavilion.

Please fill out completely and write clearly and neatly.

No space can be left blank – please write Not Applicable (N/A) if there is no information to provide.

Student's Full Name	Student's Nickname	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address	Date of Birth ___ / ___ / ___ month day year	
City, State, Zip Code	Home Phone ()	

Parent/Guardian Emergency Contacts

Parent/Guardian 1 Name	Parent/Guardian 2 Name
Parent/Guardian 1 Relationship	Parent/Guardian 2 Relationship
Home Phone ()	Home Phone ()
Work Phone ()	Work Phone ()
Cell Phone ()	Cell Phone ()
E-mail Address	E-mail Address

Emergency Contacts AFTER Parent/Guardians

You MUST provide two emergency contacts who are NOT parents/guardians.

Emergency Contact 1 Name	Emergency Contact 2 Name
Emergency Contact 1 Relationship	Emergency Contact 2 Relationship
Home Phone ()	Home Phone ()
Work Phone ()	Work Phone ()
Cell Phone ()	Cell Phone ()
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code

Pick-Up Authorizations

Name(s) of Person(s) Authorized to Pick Up Child:	Name(s) of Person(s) NOT Authorized to Pick Up Child:

Doctor/Insurance Information

Physician's Name	Phone Number ()
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Insurance Company	Policy Number
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Other Important Information on Insurance Card/About Policy:

Name of Person Responsible for Medical Expenses:

Is pre-certification required? <input type="checkbox"/> yes <input type="checkbox"/> no	If no insurance, please check here: <input type="checkbox"/>
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Medical Information

Diseases (i.e., asthma, diabetes, seizures, et cetera) – please be specific:

Conditions (i.e., ADD, ADHD, Asperger’s, cardiac anomalies, depression, et cetera) – please be specific:

Allergies (drug, food, et cetera) or Food Intolerances – please be specific. If food allergy, please include reaction and indicate if reaction can be triggered through ingestion, touch and/or if inhaled.

Action School/Camp Should Take if Child is Exposed to Allergen – please be specific:

Name/Type of Medication Taken Regularly – please be specific:

Will your child be taking any prescription medication while attending school/camp? <input type="checkbox"/> yes <input type="checkbox"/> no	Date of Last Tetanus Shot:
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Other Pertinent Development or Medical Information or Special Accommodations needed – please be specific:

Past School Information
You MUST provide previous or other currently attending daycares/schools.

Previous Schools or Daycare Providers/Centers Attended – list name(s):

Other Schools or Daycare Providers/Centers Currently Attending – list name(s) and grade/class level:

Parent/Guardian Agreement

Parents/guardians must keep their children home from school/camp when they are ill. Pinecrest School/Pinecrest Summer Pavilion agrees to notify the parent/guardian whenever the child becomes ill while at school/camp, and the parent/guardian agrees to make arrangements to pick the child up as soon as possible. Parents/guardians must inform Pinecrest School/Pinecrest Summer Pavilion within 24 hours or the next business day if their child or any member of their immediate household has developed any reportable communicable disease. Life-threatening diseases must be reported immediately.

The parent/guardian authorizes Pinecrest School/Pinecrest Summer Pavilion to obtain immediate medical care if any emergency occurs when s/he cannot be located immediately and, if necessary, to transport the child to the appropriate medical facility. The parent/guardian authorizes Pinecrest School/Pinecrest Summer Pavilion to release any and all medical information provided on this medical/emergency care form to medical personnel in case of an emergency. The hospital/medical staff is authorized to provide any treatment deemed necessary for the well being of the child.

Parent/Guardian Signature _____ Date _____