

NORTHSIDE METHODIST ACADEMY

NURSE FORM

School Year 2018/19 Grade _____

Student Name _____ Circle: M / F Date of Birth _____

Parent/Guardian Name(s) _____

Address _____ Home Phone _____

Student lives with _____

Father's Employer _____ Phone # _____ Cell# _____

Mother's Employer _____ Phone # _____ Cell # _____

Pediatrician/Family Physician _____ Phone # _____

In case of emergency or if my child is sick at school and parent is not available please contact:

Name	Relationship	Phone #'s
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Has had chicken pox? Yes ___ No ___ If No, date vaccinated _____

List any medications your child is currently taking _____

List any known allergies and/or allergic reactions (medications, insects, products, etc.):

Does child have any physical or mental conditions that the school should know about?

I hereby release Northside Methodist Academy, its directors, officers, employees, & agents from any and all liability, of any nature & character, which may be alleged to arise out of or relating to the administration of the medication Tylenol, Advil, or the like (generic brand), provided such administration is in substantial conformity to the desired age appropriate dose.

Signature of Parent/Guardian _____ **Date** _____