

This information is kept confidential and is used to ensure the safety and well-being of your child while at Flight Academy. Please complete all sections thoroughly.

## STUDENT IDENTIFICATION

STUDENT FULL NAME \*

Date of Birth \*

Grade

## PRIMARY CARE PHYSICIAN

PHYSICIAN NAME \*

PRACTICE / CLINIC NAME

PHONE NUMBER \*

ADDRESS

## DENTIST

DENTIST NAME

PHONE NUMBER

## HEALTH INSURANCE INFORMATION

INSURANCE PROVIDER \*

POLICY / GROUP NUMBER \*

POLICY HOLDER NAME

POLICY HOLDER EMPLOYER

## ALLERGIES

DOES THE STUDENT HAVE ANY KNOWN ALLERGIES? \*

No known allergies  Yes (please list below)

ALLERGY

REACTION

TREATMENT

## CURRENT MEDICATIONS

DOES THE STUDENT CURRENTLY TAKE ANY MEDICATIONS? \*

No current medications  Yes (please list below)

MEDICATION NAME

DOSAGE

TIME(S) GIVEN

REASON

MEDICATION NAME

DOSAGE

TIME(S) GIVEN

REASON

If your child requires medication during school hours, a separate Medication Administration Authorization form must be completed.

## MEDICAL CONDITIONS & HEALTH HISTORY

Please check any conditions that apply to your child:

- Asthma    Diabetes    Seizures / Epilepsy    Heart Condition    ADHD / ADD    Autism Spectrum  
 Speech/Language Delay    Hearing Impairment    Vision Impairment    Anxiety / Emotional  
 Sensory Processing    Other

PLEASE PROVIDE DETAILS FOR ANY CONDITIONS CHECKED ABOVE:

## SPECIAL ACCOMMODATIONS

DOES YOUR CHILD HAVE AN IEP, 504 PLAN, OR OTHER ACCOMMODATION PLAN?

- No    Yes (please attach a copy)

ADDITIONAL NOTES ABOUT YOUR CHILD'S HEALTH OR WELL-BEING:

## IMMUNIZATION RECORDS

Please attach a current copy of your child's immunization records. Texas law requires immunizations to be up to date. If you have a valid exemption, please attach the affidavit.

- Immunization records attached    Exemption affidavit attached

I certify that the health and medical information provided is accurate. I authorize Flight Academy to use this information to care for my child and to seek emergency medical treatment if I cannot be reached.

PARENT/GUARDIAN SIGNATURE

Date

PARENT/GUARDIAN PRINTED NAME