

Fellowship Christian School Health and Medical Form

This form is used in addition to the mandatory Maryland Health Inventory and Emergency Form. The more complete information you provide, the better we are able to work with your child to ensure he/she receives the needed care.

Please type or write clearly and legibly.

Name of Child: (Last, First, Middle Initial)	Date of Birth: (XX/XX/XXXX)
---	------------------------------------

Health Insurance Information (Family insurance is the primary insurance in case of accident or illness)

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:

Does child suffer from any medical/physical problem, limitation, or disability of which the school should be aware? (i.e. muscle/blood conditions, asthma, epilepsy, etc.) Yes No **If yes, please list and explain below:**

Allergies: Please provide a note from your child's doctor if he/she is allergic to any food that the school should be aware of and prohibit in certain classrooms. Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, animals, plants, etc.

Allergies	Reaction/ Severity	Treatment	Date of Last Reaction

Does your child require an inhaler, epipen, or other medications? Yes No

If medications need to be administered during school hours, parents must submit a Medical Administration Authorization Form (2015 version) from the Maryland State Department of Education filled out by the child's physician.

Explain any restrictions of participation in program or activities: _____

HEALTH INFORMATION PRIVACY STATEMENT

The Health and Medical Form is for health care concerns for use at Fellowship Christian School and school-related activities. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor for the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. Your signature below indicates that you have read the above procedures for handling the health and medical form and agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

MEDICAL RELEASE AND AUTHORIZATION STATEMENT

Your signature below also authorizes Fellowship Christian School to contact (at your expense) the physician listed to render necessary emergency treatment for injury or accident if neither parent/guardian can be reached. This further authorizes Fellowship Christian School to administer First Aid and/or transport your child to a local physician of the school's choice if your physician is not available. In the event that emergency treatment is necessary, Fellowship Christian School will be held harmless in all decisions. In case of disaster, your child will only be released to those persons listed in the emergency information section. Parents are expected to provide medical/dental insurance to cover their child for any injury that may take place at school and during any school related activity and may not hold Fellowship Christian School or New Covenant Fellowship Church responsible for medical/dental fees, should an injury at school or during a school-related activity. (This includes holding FCS and NCFC harmless for any expenses not covered by parent or guardian's insurance policies.)

This Health and Medical Information Form is complete and accurate. My child has permission to engage in all scheduled activities by FCS, except as noted by me in writing.

Signature of Parent/Guardian: _____

Date: _____