

# First Presbyterian Church Weekday School

Medical Form 2020-2021

Fax: 704-334-4135

Child's name: \_\_\_\_\_  
(last) (first) (middle) (name called)

Child's date of birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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## MEDICAL HISTORY

### *To be completed by a parent:*

1. Previous hospitalization: \_\_\_\_\_
2. Allergies: \_\_\_\_\_ EpiPen? No\_\_\_ Yes\_\_\_  
An Allergy Action Plan form must be completed for food allergies and epi-pen usage.
3. Physical disabilities: \_\_\_\_\_
4. History of seizures: \_\_\_\_\_yes \_\_\_\_\_no
5. Illnesses or medical conditions: \_\_\_\_\_
6. Dietary/other restrictions: \_\_\_\_\_
7. Regular medications: \_\_\_\_\_
8. Date of last examination: \_\_\_\_\_
9. Restricted activities: \_\_\_\_\_
10. Preferred hospital: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CONSENT FOR EMERGENCY MEDICAL TREATMENT

In case of accident or serious illness when a parent cannot be located, I hereby certify that, in the school year 2020-2021, I constitute and appoint First Presbyterian Church Schools, Charlotte, NC my true and lawful attorney for the purpose of authorizing medical treatment and/or the performance of any procedure determined to be necessary by Emergency Medical personnel or family physician for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## IMMUNIZATION RECORD

- **Updated immunizations are REQUIRED for enrollment.**
- **Immunizations MUST be submitted by Tuesday, March 31<sup>st</sup> to attend the WDS.** We also accept official Novant My Chart and My Atrium Health immunization records. You can 1.) email the PDF to [mlee@firstpres-charlotte.org](mailto:mlee@firstpres-charlotte.org) or 2.) ask your child's doctor's office to fax your child's immunizations to **704-334-4135.**

This form is due for each child by **March 31<sup>st</sup>** regardless of your child's next Annual Physical appointment.