



# Living Word Academy

110 Industry Drive, Yorktown (Tabb), VA 23693

(757) 867-8024

## First Aide and Emergency Medical Information Sheet

I hereby authorize my child to participate in all school-authorized field trips. If my child becomes ill or injured, in the event I cannot be notified, please proceed with first aide and emergency medical care for my child at \_\_\_\_\_ medical facility (if no medical facility or hospital is listed here, we will proceed to the nearest medical facility). In the event of life threatening situations, facility will proceed to the nearest medical facility.

Facts concerning my child's medical history including allergies, medications currently being taken, any physical or emotional impairments to which medical personnel should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the school staff to administer the following medications to my child during the school year:

Child's Name/ Grade: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Amount of Dosage & Time to administer: \_\_\_\_\_

Adverse reactions to look for in case of incorrect dosage: \_\_\_\_\_

My child  may be given Tylenol  may not be given Tylenol

contact me if Tylenol is given to my child.

Emergency Phone Numbers:

Parents or Guardians: \_\_\_\_\_

Other: \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Name \_\_\_\_\_

I understand that Living Word Academy will make every effort to protect my child from injury but in the event of injury, I understand that neither Living Word Academy, nor Living Word Family Church, nor any of its employees, or volunteer staff shall be held accountable.

Signature of Parents or Guardians: \_\_\_\_\_ Date: \_\_\_\_\_