IVY PREPARATORY ACADEMY

PUBLIC CHARTER SCHOOLS OF EXCELLENCE

SCHOOL CLINIC CARD

Grade: _____ Teacher: _____ Year: _____

Scholar Name: _____ DOB: _____

Last First Middle

Address: _____

City/Zip: _____ Home Phone: _____

Name of parents/guardians with whom the scholar resides: _____

Mobile Phone: _____ Work Phone: _____

Emergency Contact's Name: _____ Contact Phone: _____

Name of Siblings (if any in attendance): _____

Health Concerns: _____

_____

Allergies: Yes ◊ No ◊ If yes, list here: _____

List All Routine Medications: _____

MEDICAL RELEASE STATEMENT: I hereby authorize Ivy Preparatory Academy to seek medical assistance for my child in the event a parent/guardian cannot be reached. I will assume full responsibility for all charges related to above.

Parent/Guardian Signature: _____ Date: _____