



United Faith Christian Academy

Christ-centered • College Prep • PreK -12th Grade

8617 Providence Road, Charlotte, NC 28277

Phone: 704-541-1742 · Fax: 704-540-7926

Email: admissions@ufca.org

2020-21 Medical Information and Emergency Release Form

Please note: Parent must complete this form and return to the UFCA Academy Office no later than August 1, 2019. All information must match what is in Sycamore. Emergency This form is **required to be on file before the student will be allowed to attend school.**

Student Name _____ / _____ / _____ / _____
Last First Middle Preferred

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Gender (please circle) M F Student Cell # _____ Grade *Entering* _____

FAMILY INFORMATION (please print clearly in black or blue ink)

	Name	Legal Guardian	Cell Number	Work Number
Mother		Y/N		
Father		Y/N		
Step-Parent		Y/N		

EMERGENCY CONTACTS (Two more contacts, other than listed above, are required. Additional contacts continue on back of form.)

Name: _____ Relationship: _____ Phone(s): H: _____ W: _____ C: _____

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	Name	Phone
Pediatrician/ primary care provider		
Hospital of choice		
Dentist		

Insurance: _____ Plan/Group #: _____ Phone: _____

(In case of accident or serious illness, the school will attempt to contact the parent/guardian. If the school is unable to contact the parent/guardian or person designated above, the school will make necessary arrangements for immediate treatment. Payment of any fees will be assumed by the parent/guardian.)

I hereby give my consent to any hospital and/or licensed physician or authorized provider to administer necessary emergency treatment to my child in the event such treatment is imperative and I cannot be contacted.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: (please print) _____

HEALTH HISTORY

List any health information (past and present, such as diabetes, asthma, allergies, seizures, migraines, AD/ADHD, etc.) _____

Please Note: The following 4 conditions require an **Emergency Action Plan** (or similarly named document) **from your doctor's office**, signed by parent/guardian **and doctor**: Asthma Diabetes Seizures Allergies that may require an EpiPen

Does your child currently take any medications? No. Yes. (If yes, please list.) _____

If yes, do the medication(s) need to be administered during school? No. Yes. (If yes, a required, doctor-signed Authorization to Administer Medications must be submitted. Form provided in Academic Office or at www.ufca.org under Parent Resources / Medical Forms)