



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. 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 AND PICK-UP - Two more contacts, other than listed above, are required. Additional contacts continue on back of form.
 Please indicate if Contact is Emergency and/or Pick-up person by checking appropriate box(es).

Name: _____ Relationship: _____ Phone(s): _____ E P

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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)