



FULL GOSPEL CHRISTIAN SCHOOL

A Ministry of the Full Gospel Church



110 Union St ♦ Westfield ♦ MA ♦ 01085

CONFIDENTIAL MEDICAL INFORMATION *Supplement to the Student Application*

Date _____

Student Information

Full Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Male Female

Parent Information

Father:

Full Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____

Mother:

Full Name _____

Last

First

Middle

Address _____

City _____ State _____ Zip Code _____

Medical Information

Please provide the following information for proper well being of your child, students and school personnel.

1. Has the student received all the appropriate immunizations required to attend school?

Yes No If no, please explain. _____

2. Does the student have a record of all immunizations required to attend school?

Yes No If yes, please provide a copy in English to *Full Gospel Christian School*.
If no, please explain. _____

3. Is the student taking long-term medication? Yes No

If yes, please indicate type, dosage, when and how often the medication is to be taken.

4. Please explain anything that may cause an allergic reaction, such as a bee sting, peanuts, penicillin, etc. _____

5. Please explain any physical conditions that may endanger the student's activity or safety.

Family Physician:

Full Name _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____

Medical Insurance:

Insurance Company Name _____
Insurance Company Phone (____) _____ Policy Number _____
Name of Subscriber _____
Social Security Number of Subscriber _____

**Consent And
Agreement
Statements**

I understand *Full Gospel Christian School's* policy provides that no medication, including prescriptions and over-the-counter medications, will be dispensed by the staff without the authorization of student's parent or guardian. The policy also provides that all prescribed medications be placed in the keeping of the school personnel immediately upon the medication's arrival on campus. Prescribed medications will be stored in a locked area, accessible only to staff. The medication should be sent in a package labeled with the student's name, contents, and details (drug, dose, and frequency)

I understand that *Full Gospel Christian School* will adhere to the rules and regulations set forth by the local government of Westfield, with respect to privacy issues and medication.

I certify that I have carefully read and do understand the above statements.

Signature of Parent

Date