



Emergency Contact Information

Parent/Student Information Medical Form (PRINT CLEARLY)

I give permission to Ahayah Academy Education System (AAES) to seek medical treatment for my child/children in the event of a medical emergency. I will be responsible for the cost of any emergency medical care provided to my child/children.

Complete All Information for Each Child Enrolled

First Name	Last Name	Insurance Coverage? Yes or No	Insurance Carrier	Type of Insurance	Insurance Policy #	Allergies and/or Other Medical Issues

Doctor(s) Name(s) and Phone Number(s)	Use Space Below for Additional Information

Note: If your child is on medication prescribed by a medical doctor that requires him/her to take it during the school day, the medication must be brought to the school nurse in its original container with the prescription label on it.
Medication will not be dispensed during the hours of the Extended Morning and or Afternoon Programs.

Print Parent/Guardian **First Name**

Print Parent/Guardian **Last Name**

Relationship to Child/Children

Parent/Guardian Signature

Date