



2010 Middle River Loop,
 Fayetteville, NC 28312
 910-323-4026 Fax: 910-323-5946
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Student Medical Form 2021-2022

Student Name: _____ DOB: _____ Grade: _____
 Parent/Guardian: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Mom's Cell Phone: _____ Dad's Cell Phone: _____
 Home Phone: _____ Parent E-mail: _____

Emergency contact (other than parents): _____
 Phone: _____
 Preferred Doctor: _____ Preferred Dentist: _____
 Preferred Hospital: _____ City: _____
 Permission to Transport Student: Yes No
 Health Insurance: _____

Over-the Counter (OTC) medicines will be made available to your child during school hours with your permission. These include Tylenol, Ibuprofen, antibiotic ointments, chewable antacids, cough drops, etc. Generic brands may be used.

- Please indicate your preference:
- I give the school office my permission to administer the OTC medicines listed above.
 - I give the school office my permission to administer the OTC medicines listed above **ONLY AFTER I HAVE BEEN NOTIFIED FIRST.**
 - I do not give my permission to administer OTC medicines.

Medical History: (to be completed by the parent). Should there be any changes in a student's health history, the parent is to notify the school as soon as possible.

My child:	No	Yes	Dr.'s Note	Explanation
• has known allergies.				
• has had previous hospitalization/operations.				
• is on a continuous medication.				
• has a history of diseases/recurrent illness				
• has a physical disability				
• has a mental disability				
• is visually/hearing impaired				

Parent Signature: _____ Date: _____