



# ACACIAWOOD SCHOOL

## 2009 Summer Program

2530 La Palma Avenue, Anaheim, CA 92801  
(714) 955-1800

Revised 5/12/09

### MEDICAL INFORMATION

- New  
 Change

Control ID

Effective Date

/ /

\*\*\* Please complete one form per student. \*\*\*

#### A. Student Information

Last Name	First Name	Grade	Birthdate
Student's Physician		Physician's Phone #	
Medical Insurance Plan		Policy Number	

#### B. Parent/Guardian Contact Information

Name of Mother/Guardian		
Home Phone	Work Phone	Cell Phone
Name of Father/Guardian		
Home Phone	Work Phone	Cell Phone

#### C. Person to contact if parents cannot be reached

Name	Relationship	
Home Phone	Work Phone	Cell Phone

#### D. Student's Medical Information

- List any physical or psychological limitations or problems (e.g., asthma, ADD):  
\_\_\_\_\_  
\_\_\_\_\_
- List any medication or treatment that must be administered during class hours:  
\_\_\_\_\_  
\_\_\_\_\_
- List any medications that cause negative reactions:  
\_\_\_\_\_  
\_\_\_\_\_
- List any food or drink that cause negative reactions:  
\_\_\_\_\_  
\_\_\_\_\_

#### E. Emergency Medical Treatment Authorization

I authorize the designated instructors or administrators of AcaciaWood School, in the event of an emergency and if contact cannot be made with myself, under section 25.8 of the California Civil code, to consent to any X-ray examination, anesthetic, hospital or medical treatment for my child which is deemed advisable by and to be rendered by or under the supervision of a physician licensed under the provisions of the Medical Practice Act in which state treatment is rendered. I accept the cost of any such treatment.

Parent or Guardian Signature

Date