



OLCA MEDICAL FORM

PERSONAL INFORMATION

Child's Full Name :

Date of Birth : ____/____/____ Gender : ☐ Male ☐ Female

Address : _____

Phone Number : _____ E-Mail : _____

Primary Care Physician : _____

Student may take: ☐ Tylenol ☐ Advil

Please provide dosage for checked medication - ex: "Tylenol 2, Advil 3"

: _____ Permission to treat : ☐ Yes ☐ No
child at school

This space is where you can any important medical information we need to know

Note : _____

EMERGENCY CONTACT I

Contact Name : _____ Work Number : _____

Relationship : _____ Mobile Number : _____

EMERGENCY CONTACT II

Contact Name : _____ Work Number : _____

Relationship : _____ Mobile Number : _____

Hospital Preference : _____

Parent Signature

Date