



Alaka'i Academy – Child Medical Information Form

Child Name: _____ Date of Birth _____

Please indicate any known issue (if none, please also indicate):

Health Conditions: _____

Food Allergies: _____ Medical Allergies: _____

Current Medications and possible side effects:

Child's Medical Coverage Information		
Physician:	Address:	
Medical insurance provider	Policy#	Phone:
Dental insurance provider	Policy#	Phone:
OFFICE USE ONLY SN Y - N	Physicians Recommendation	

If child requires administration of medications by Alaka'i Academy, please complete the Alaka'i Academy Dispensing Medication Authorization Form.

Print Name (Parent/Guardian)

Signature (Parent/Guardian)

Date: _____