

# FUQUA SCHOOL

P.O. Drawer 328  
605 Fuqua Drive  
Farmville, Virginia 23901  
(434)392-4131 (800) 214-3460

## HEALTH INFORMATION AND EMERGENCY RELEASE

1. Child's Name \_\_\_\_\_  
Last First Middle Social Security#

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

### TWO EMERGENCY CONTACTS OTHER THAN PARENTS MUST BE PROVIDED. PLEASE PROVIDE STREET ADDRESSES.

1) \_\_\_\_\_ Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

2) \_\_\_\_\_ Street Address \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Date of last completed physical examination \_\_\_\_\_ Any problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

2. List all medications currently being used regularly, including medication prescribed for the purpose of managing behavior and/or improving learning. Failure to list all such medications may result in dismissal.

3. List all allergies or sensitivities to drugs, food, etc. \_\_\_\_\_

4. List any complications from childhood diseases. \_\_\_\_\_

5. List any mental or emotional conditions. \_\_\_\_\_

6. If entering Fuqua School for the **first time**, please submit *Commonwealth of Virginia School Entrance and Immunization Certification* as required by law. **All** returning students must maintain an updated record of immunizations with the school including documentation of Hepatitis B vaccination series for all rising 6<sup>th</sup> grade students.

7. Health Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Subscriber ID \_\_\_\_\_

8. Childcare Provider \_\_\_\_\_ Telephone \_\_\_\_\_

As parents/guardians of the above child, we attest that the information provided on this form is true and accurate. If our child is accepted to Fuqua School, we grant school officials permission to secure necessary medical attention for our child in case of an emergency in our absence. We further agree to pay any expense incurred.

Parent/Guardian Signature ✓ \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature ✓ \_\_\_\_\_ Date \_\_\_\_\_