LEADERSHIP PREPARATORY ACADEMY
6400 WOODROW RD. • LITHONIA, GA 30038 • 678-526-2578
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SCHOOL HEALTH CLINIC INFORMATION CARD **(School Year: 20___ to 20 _____)**

Name: _____ Current Grade: _____ HMRM: _____

Sex: M F D.O.B : _____ Student ID#: _____

Address: _____

Phone: _____(H) _____ (C) _____(W)

HEALTH HISTORY (Answer Yes or No, and give information as needed)

Allergies (Specify) _____ Diabetes _____
Asthma _____ Physical Disabilities _____
ADHD/ADD _____ Sickle Cell _____
Cancer _____ Seizure Disorder _____
Other physical or mental health issues which may be a concern at school: (continue back as needed)
_____
_____

_____Does your child require special seating in the classroom? Specify: _____
_____Does your child have any condition that would limit physical education activities? List: _____
_____Does your child take any prescribed medications routinely? List: _____
_____Does your child take any non-prescription medications? List: _____
_____Does your child receive any immunization this past year? List type date: _____
_____Date of last tetanus shot?

List name(s) of school-age siblings:
1._____Grade/School: _____
2._____Grade/School: _____
3._____Grade/School: _____
_____

EMERGENCY CONTACT INFORMATION

Father/Guardian _____ Phone (H)_____(C)_____
(W)_____
Mother/Guardian_____ Phone (H)_____(C)_____
(W)_____
If parents cannot be reached, list two nearby persons who will assume care of your child.
Name_____ Relationship _____ Phone_____
Name_____-_____ Relationship_____ Phone_____

I give permission to contact my child's healthcare provider for further medical information. Yes _____ No _____
I also understand that in the event of an emergency and I cannot be reached that the school will have my child transported to the hospital via the EMS /911 service to receive appropriate treatment.

Parent Signature _____ Date _____

Email Address: _____