



Pre-Existing Medical Condition Form

This form is to be completed for each student that has a pre-existing medical condition

1. PERSONAL INFORMATION

| | | | |
|------------------------|-------|----------------------------|-------|
| Student's Name | _____ | Grade | _____ |
| Home Address | _____ | | |
| Home Phone | _____ | Medic Alert I.D. | _____ |
| Father's Name | _____ | Father's Cell Phone | _____ |
| Mother's Name | _____ | Mother's Cell Phone | _____ |
| Guardian's Name | _____ | Guardian's Phone | _____ |

2. EMERGENCY CONTACT

| | | | |
|--------------------------------|-------|---------------------|-------|
| First and Last Name | _____ | | |
| Relationship to Student | _____ | Phone Number | _____ |

3. MEDICAL INFORMATION

| | |
|----------------------------|-------|
| Medical Condition | _____ |
| Associated Symptoms | _____ |

Name Printed

Signature

Date

Completion of this form provides consent for Peoples Christian Academy to share the information provided to staff directly involved in the care or monitoring. The information disclosed is not intended to represent a comprehensive picture of a medical history but serves to document symptoms that are related to a chronic medical condition. Any worsening / new symptoms that is listed in the PCA Screening Questionnaire will be treated as a positive screening result.