

WILTON BAPTIST ACADEMY

A Ministry of Wilton Baptist Church

755 Saratoga Road
Wilton, NY 12831
(518) 583-2736

Medical Report & Medical Aid Release Form

Student Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Father's Name _____ Emergency # _____

Mother's Name _____ Emergency # _____

Medical History

Has your child ever been previously hospitalized? ☐ No ☐ Yes _____

Is your child allergic to anything? ☐ No ☐ Yes _____

Has your child previously had any diseases or illnesses? ☐ No ☐ Yes _____

Does your child have any physical handicaps? ☐ No ☐ Yes _____

Is your child under the care of a doctor? ☐ No ☐ Yes _____

Is there any history of mental retardation? ☐ No ☐ Yes _____

Does your child have a history of convulsions? ☐ No ☐ Yes _____

Does your child have any history of diabetes? ☐ No ☐ Yes _____

Does your child have any history of heart trouble? ☐ No ☐ Yes _____

In the event that my child is injured during school hours and on school property, I give Wilton Baptist Academy permission to administer medical aid. If hospital treatment is necessary, I give my permission for my child to be treated, knowing that I will be notified as soon as possible.

Father's Signature: _____ Date _____

Mother's Signature: _____ Date _____

Guardian's Signature: _____ Date _____

Parents: Please be sure to include an updated copy of your child's immunization records with your application.