

# 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** If answer is yes, please describe / give further information.

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.