



4601 Emory Lane ,Charlotte, NC 28211
 704-366-4351 (Phone) 704-367-1872 (fax)
 ACAOffice@adventistchristianacademy.org

School Entry Medical Examination

The physician should complete this form on children initially entering a Carolina Conference School.

Child's Name:	Date of Birth:
Parent's Name:	Telephone Number:
Address:	

I have examined the above named child and obtained a medical history. The following medical findings are noted below:

Hearing	
Visual	
Other	

[]	There were no apparent medical findings which restrict participation in routine school activities.
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The following is a list of medical findings, activities that should be restricted, and the length of the restriction:

Medical Finding	Restricted Activities	Restriction End Date

Physician's Signature: _____
 Physician's Address: _____

Date: _____
 Office Phone: _____
 Office Fax: _____



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Certificate of Immunization

Students Name _____

Section A: Required immunizations for school attendance are listed below. Every child shall be immunized against the following diseases by receiving the specified minimum doses of vaccine by the specified age.

Immunization records to be completed only by a healthcare provider

Enter the date of each dose – Month/Day/Year

Vaccine	1	2	3	4	5
DTP, DTaP, DT					
Polio					
Hib					
Hepatitis B					
MMR					
Measles					
Mumps					
Rubella					
Varicella					

<p>Exemptions from N.C. State Immunization Law requires that a statement must be on file at school in a student's permanent record. Exemptions must meet requirements of the law. Consult your local health department.</p> <p><input type="checkbox"/> Medical <input type="checkbox"/> Religious Exemptions</p>	<ul style="list-style-type: none"> • State Law Requires the following minimum doses: • 5DTP, DTaP, DT doses (if 4th dose is after 4th birthday, 5th dose is not required) • 4 Polio Vaccine doses (if 3rd dose is after 4th birthday, 4th dose is not required) • 1 Hib dose – At least 1 Hib on/after 15 months of age and before 5 years of age (not required after 5) • 2 MMR doses (1st dose on/after 1st birthday)
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No child shall attend a school, whether public, private or religious, unless a certificate of immunization indicating that the child has received the immunizations is presented to the school. The parent or guardian must present a certificate of immunization on the child's first day of attendance to the principal. If a certificate of immunization is not present on the first day, the principal shall present a notice of deficiency to the parent or guardian. The parent or guardian shall have 30 calendar days for the first day of attendance to obtain the required immunization for the child. If the administration of vaccine in a series of doses given at medically approved intervals requires a period in excess of 30 calendar days, additional days upon certification by a Physical may be allowed to obtain the required immunization. Upon termination of 30 calendar days or the extended period, the principal shall not permit the child to attend the school or school or facility unless the required immunization has been obtained.

SECTION B: Medical Exemption

I certify that the above named child is granted a medical exemption. A signed statement indicating reason is attached.

Yes, the statement is attached.

The above named child has received the above immunization required for school attendance or has been granted a medical exemption which is attached.

Medical Provider's Name (print) _____ Medical Provider's signature/stamp _____

SECTION C: Religious Exemption: A child may be exempt from the requirements upon submission of a written statement of a bona fide religious beliefs and oppositions to the immunization requirements



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Medical Consent for Treatment

Student Name: _____

Parent Name: _____

Parent Phone Number: _____

Alternative Contact: _____

Alternative Phone Number: _____

Hospital Preference: _____

Doctor Name and Phone Number: _____

Ins. Company: _____ Policy No: _____

Known Allergies (Food/Meds/other): _____

Please provide any and all OTC & Rx Medication your child can take.

Approved Over the Counter Medication: _____

Prescription Medication: _____

In a life threatening situation where all efforts to contact me have failed, I hereby authorize an adult representative from Adventist Christian Academy to consent to emergency medical and/or hospital care as deemed necessary for my child. I understand that ACA insurance will cover medical expenses up to \$500. I am aware that my insurance will then be responsible for any remaining costs.

Parent/Guardian Signature

Date:

Print Name