STUDENT NAME	GRADE

Student Information & Medical Authorization Form
SCA IMPACT PROGRAM

Valid: August 12, 2026 – May 21, 2027

Covers: Back-to-School Events & Grade-Level Impact Trip

SECTION 1 — STUDENT INFORMATION

Student Full Name: _____ Date of Birth: _____ Grade: _____

Homeroom Teacher: _____

T-Shirt Size: ☐ YS ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Sweatshirt Size: ☐ YS ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL

SECTION 2 — PARENT / GUARDIAN CONTACT INFORMATION

Parent/Guardian 1 — Full Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Best way to reach: _____

Parent/Guardian 2 — Full Name: _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Best way to reach: _____

SECTION 3 — EMERGENCY CONTACT INFORMATION

** Person to contact if parent/guardian cannot be reached. Must be a different person than parent/guardian.*

Emergency Contact 1 — Full Name: _____ Relationship: _____

Cell Phone: _____ Home/Work Phone: _____

Email (optional): _____

Emergency Contact 2 — Full Name: _____ Relationship: _____

Cell Phone: _____ Home/Work Phone: _____

Email (optional): _____

SECTION 4 — MEDICAL & HEALTH INFORMATION

Known Allergies (food, medication, environmental, etc.):

_____

Current Medications (name, dosage, time of day given):

_____

Medical Conditions / Special Health Needs:

_____

Physician / Pediatrician Name:

_____

Doctor's Phone: _____ Insurance Carrier: _____ Policy #: _____

I agree to notify the school of any changes to the information on this form as they occur.

Initials _____

SECTION 5 — OVER-THE-COUNTER MEDICATION AUTHORIZATION

Please indicate your permission for each medication below. Staff will only administer medications you have authorized, following age-appropriate dosing on the package label. Medications will only be given as needed and with good judgment. If you select YES, staff may give a standard dose. If you have conditions or restrictions, note them in the last column.

Medication	Use / Purpose	✓ YES May Give	✗ NO Do Not Give	Allergic / Reaction	Notes / Conditions
Tylenol (Acetaminophen)	Pain / Fever	☐	☐	☐	
Aspirin	Pain/Fever (Not for under 18 w/o MD ok)	☐	☐	☐	
Ibuprofen (Advil / Motrin)	Pain / Fever / Inflammation	☐	☐	☐	
Acetaminophen (Generic)	Pain / Fever	☐	☐	☐	
Tums (Calcium Carbonate)	Antacid / Upset Stomach	☐	☐	☐	
Allergy Medication (Benadryl / Generic)	Allergies / Hay Fever	☐	☐	☐	
Cough Drops (Halls / Generic)	Sore Throat / Cough	☐	☐	☐	
Chapstick / Lip Balm	Chapped Lips	☐	☐	☐	

Known Medication / OTC Allergies or Reactions (list specific medications and reactions):

_____

Additional Allergy Notes:

_____

Does your child carry any of the following? (check all that apply)

☐ Epi-Pen / Auto-Injector ☐ Inhaler (Rescue / Daily) ☐ Glucagon / Glucose Tablets ☐ Nebulizer

☐ Insulin / Insulin Pump ☐ Blood Glucose Monitor ☐ Hearing Aid ☐ Other (see below)

If 'Other' or additional details, please describe:

_____

Storage / Location instructions (e.g. 'kept in backpack', 'must remain with student at all times'):

_____

If your child requires a specific prescribed medication to be administered during any Impact Program event or trip, please contact the school nurse and the Impact Program coordinator in advance to make proper arrangements.

SECTION 6 — PARENT / GUARDIAN AUTHORIZATION & SIGNATURE

By signing below, I confirm that the information provided on this form is accurate and complete to the best of my knowledge. I give permission for my child to participate in all Impact Program activities, including the Back-to-School events and the Grade-Level Impact Trip, during the 2026–2027 school year (August 12, 2026 – May 21, 2027). I authorize Impact Program staff to administer over-the-counter medications as indicated in Section 5 above. I understand that every reasonable precaution will be taken for my child's safety.

_____

Parent/Guardian Printed Name Signature Date

Please return this completed form to your child's homeroom teacher or the Impact Program coordinator by the first week of school. Questions? Contact: glambert@summiteagles.org or asmith@summiteagles.org | Impact Program · 2026–2027 School Year