



Redemption Christian Academy

192 Ninth Street • PO Box 753 • Troy, NY 12181 • Phone: 518-272-6679 • Fax: 518-270-8039

E-mail info@redemptionchristianacademy.org www.redemptionchristianacademy.org

CONFIDENTIAL EMERGENCY HEALTH INFORMATION

From the desk of the School Nurse

Name First MI _____ Birth date: _____ Sex M / F

ALERT TO PARENTS: If your child has a serious medical condition, it is vital that you discuss this with your School Nurse and teacher (s) immediately. The school must know of LIFE THREATENING conditions (for example severe allergy with anaphylaxis, diabetes, asthma) prior to the start of school.

In order to provide a safe and healthy environment for your child, this information will be accessible to the following people: School Nurse, your child's teacher, personnel responsible for health room coverage and emergency medical personnel.

New York State Public Health Law requires that all parents or guardians of residential school students (or residential students 18 years of age and older) in grade 7-12, complete and return the following form:

Complete one section and sign below:

My child has (for students over the age of 18 (I have):

Had the meningococcal meningitis immunization (Menomune tm) within the past 10 years. Date received _____ (Note – the vaccine's protection

last for approx. 3 – 5 years. Revaccinations may be reconsidered within 3 – 5 years)

Read or have had explained to me the information regarding meningococcal meningitis disease My child (I) will obtain immunization against meningococcal meningitis within 30 days from my Private health care provider or appropriate health center. _____

Read or have had explained to me the information regarding meningococcal meningitis disease. I understand the risk of not receiving the vaccine. I have decided that my child (I) will not obtain the immunization against meningococcal meningitis disease. _____

Name _____ Date _____ Parent/Guardian if student is a minor

Print student's name _____ Student DOB _____

Mailing address

Contact w/phone number _____