



Student Health Information Form

Student Name _____ Grade _____

Parent/Guardian Name _____ Date _____

Contact Phone Number (_____) _____ (Home) (_____) _____ (Cell)

1) Does your child have any medical/health condition? Yes No

If so, please list: _____.

2) Does your child need to take medications at school? Yes No

If so, please list name(s) of medications and how they are taken, if known: _____.

3) Does your child have a medical 504 Plan and/or IEP Plan (Past or Present)? Yes No

If so, Please explain: _____.

4) Does your child have any food allergies? Yes No

If so please list/describe: _____.

1) Does your child currently have health insurance? Yes No

2) If not, and you would like assistance enrolling your child in a free/low-cost health insurance program, please complete the following information so that someone may contact you.

Parent/Guardian's Name: _____

Parent/Guardian's Home Address _____

Parent/Guardian's Home Phone # _____

Parent/Guardian's Cell Phone # _____

Parent/Guardian's E-mail _____

***Statement of Confidentiality:** The information gathered from this document is confidential and will be used for the sole purpose of obtaining resources and providing assistance to A.C.E. Academy students and their families. Information obtained will only be utilized by A.C.E. Academy staff/employees and will not be shared with an additional entity.*

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