



UNION SPRINGS ACADEMY

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Website: unionspringsacademy.org Email: Registrar@unionspringsacademy.org

VISITING STUDENT MEDICAL STATEMENT

Name of Student: _____

Academy Event:

Academy Days April 12 & 13, 2026

Sex: M F D.O.B. _____

Please check box as to who has custody of the student:

Father _____ Phone _____

Mother _____ Phone _____

Guardian _____ Phone _____

Allergies: (Please list all food and drug allergies) _____

Are you on any medications now? Yes No If Yes, please list all medications and directions: _____

Has your child had the following childhood diseases: Chicken Pox: Yes No _____ Year

Measles: Yes No _____ Year Mumps: Yes No _____ Year

For visiting students, **all medications** are required to be kept with the dean- NEVER in your room. Go to the dean each time you need your medication. **Each bottle MUST be labeled with the appropriate prescription label.**

Union Springs Academy deans will dispense Tylenol, Motrin, Tums, Benadryl Cough Medicine, or charcoal tablets to any visiting student that is deemed to need it. If this is acceptable to you please sign the statement below. Any other medication specific to the students' needs is the responsibility of the parents to provide.

Union Springs Academy staff **has my permission** to give my child Tylenol, Motrin, Tums, Benadryl, Cough Medicine, charcoal tablets or other over-the-counter medications as necessary **throughout my child's visit at Union Springs Academy.**

Parent/Guardian _____ Date _____

OR

Union Springs Academy Staff **does NOT have my permission** to give my child any medication whatsoever.

Parent/Guardian _____ Date _____