Wilmore Foundations Academy

Student Medical Form

Student Name: _____

Date of Birth (MM/DD/YY): _____

Parent/Legal Guardian Name(s): _____

The above Student has permission to attend all Wilmore Foundations Academy activities for the 2025/2026 school year. I/We release Wilmore Foundations Academy, the Instructors, and any and all other staff and volunteers of Wilmore Foundations Academy of responsibility and liability for any injury or illness that my/our child may sustain during activities on or off Wilmore Free Methodist Church property. In the event of an emergency, I/We authorize the instructors and/or the volunteers to act as for me/us if they are unable to reach me/us and my/our emergency contact and to consent to any emergency medical treatment necessary.

Mother/Legal Guardian Name: _____

Cell Phone: _____

Father/Legal Guardian Name: _____

Cell Phone: _____

Emergency Contact (other than parents/guardians):

Name: _____

Relationship: _____

Cell Phone: _____

Wilmore Foundations Academy

Student Medical Form

Medical Information

Preferred hospital: _____

Does the student have any known Allergies? _____

Details: _____

_____

Are there any medical conditions/necessary prescriptions which you would like the administration of WFA to know about in case of emergency?

_____

_____

Wilmore Foundations Academy
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