



Medical Exposure During School

Baylor College of Medicine Academy at Ryan

2610 Elgin St., Houston, TX 77004

REGISTRATION FORM

Participant Name: _____ DOB: ____/____/____ Age: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

In Case Of Emergency Contact

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Email Address: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Medical Information (Check all that apply)

Allergies to: _____

- Cyanosis
- Diabetes
- Headaches/Migranes
- Heart Condition and restrictions:
- Hepatitis
- Seizures: What are the signs to watch for and procedures to follow should an episode occur?

- ADHD/ADD
- Mental Health
- Autism/PDD
- Brain Injury
- Cerebral Palsy
- Mental Retardation Mild Moderate High
- Rhett's-Syndrome
- Deaf/Hearing Impaired
- Speech Delay
- Down Syndrome
- Please specify other diagnosis if not listed: _____
- Mobility Impairment
- Spina Bifida
- Epilepsy
- Muscular Dystrophy
- Tourette's Syndrome
- Learning Disability
- Multiple Sclerosis
- William's Syndrome
- Visual Impairment

Communication

- Good
- Shy
- Limited Conversation
- Interpreter
- Dominates Inappropriate
- Need Help with Communication

Restrictions (Check all that apply)

- Behavior (explain): _____
- Physical Limitations (explain): _____
- Dietary Restrictions (explain): _____
- Toileting (explain): _____
- Medication(s) (explain): _____
- List any other information you feel we should have to provide proper and well-informed care for your child:

Sunscreen Administration

- Yes
- No



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Medication

The following medications:

Name of Medication	Amount to be Given	Time to be Given

Please note: Prescription and any changes must be given to staff representative on a new form.

Covid 19 Vaccination *(Please check if applicable):*

Covid 19 Vaccination: 1 vaccine shot 2 vaccine shots 1 booster

OFFICE USE ONLY

Payment Type: _____ Amount: _____ Date: ____/____/____

Online

In-Person

Weekly

Monthly

After Hour

Registration Fee: _____