

Medical Emergency Form 2010-2011

Christian Center School

Student Name _____ Main Phone _____

Birth date ____/____/____ Grade _____ Sex _____

Address _____ City _____ Zip _____

Father _____

Name _____ Address _____ Phone _____

Employer's Name: _____

Occupation: _____ Work Phone _____ Personal Cell _____

Mother _____

Name _____ Address _____ Phone _____

Employer's Name: _____

Occupation: _____ Work Phone _____ Personal Cell _____

Church Affiliation: _____

Child lives with: ____ Both Parents ____ Father only ____ Mother only ____ Other

Marital Status of Parents: ____ Married ____ Divorced ____ Separated ____ Widowed

Restraining order on file: ____ Yes ____ No **** please, attach a copy for our files ****
(mandatory for facilitation; updates are necessary)

EMERGENCY / PICK-UP INFORMATION (This portion must be completed in full)

In case of illness or injury and parent cannot be reached, the following person (s) may be contacted to pick up my child (children)
Only the person(s) listed below will be allowed to pick up your child without written permission.

Contacts will be made in this order:

1

Name	Parent	Phone number
Name	Parent	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number

OVER PLEASE

NOTE, PLEASE READ

Per State Law: If medication is to be administered by school, you must complete the "Authorization to Administer Medication" form that is available in the office.
(Parent must provide all medications in original containers.)

If the school office deems necessary to administer **Tylenol (or generic Tylenol)**, please sign on the line below.

Parent Signature _____ Date _____

Please list any medical condition(s) of which we need to be aware: (allergies, allergic reactions, regular medications, etc.)

Physicians / Insurance Information

Name of Family Physician Address Phone

Insurance: ___ Kaiser ___ Blue Cross ___ Medi-Cal ___ Other Insurance Card # _____

If, in your judgment, my child needs immediate medical attention, permission is hereby granted for him/her to be taken to the nearest hospital emergency room (by ambulance, if necessary) and treated by the doctor on call.

Signature Relationship Date

IMPORTANT READ

Please list any medical conditions including allergies that this student may have:

1. _____
2. _____
3. _____
4. _____
5. _____

Siblings Attending Christian Center School

Full Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____