

Providence Christian School

Student Emergency Information (2018-2019) *Part I*

Name _____ Grade _____
Last First Middle

Primary Contact _____ Primary Contact Phone _____

Home Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Date of Birth _____ Place of Birth _____

Father _____
Name Address Cell phone

Employer's Name Address Business phone

Email address Home phone

Mother _____
Name Address Cell phone

Employer's Name Address Business phone

Email address Home phone

Step-Mother _____
(if applicable) Name Primary Phone

Step-Father _____
(if applicable) Name Primary Phone

Siblings _____

In the event of emergency, illness, or accident to our child in our absence, I (we) authorize the school to proceed as follows:

Contact family physician _____
Name Phone

In the event of illness or emergency, persons to call when parents are not available:

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Student Emergency Information Cont.

Student Name: _____

Car Pool List – persons authorized to pick-up my child from school:

| | | | |
|------|-------|------|-------|
| Name | Phone | Name | Phone |
| Name | Phone | Name | Phone |
| Name | Phone | Name | Phone |
| Name | Phone | Name | Phone |

Medical Details: Is your child subject to any of the following conditions which may result in a classroom emergency?

Epilepsy Diabetes Asthma Allergies *Type of Allergies* _____

Does your child need an inhaler while at school? Yes No

Does your child need an epi-pen to be kept at school? Yes No

Do you have any additional medical concerns or instructions? Things we should know? Yes No

*If you answered "yes" to any of the questions above, please explain below (or attach another sheet of paper if necessary). Also, please note that additional paperwork may be required. You must provide any medications your child might need at school to the school office **before** the first day of school. Inhalers for students who are able to use them without help, may be kept with the student in the classroom. Please contact the school secretary with any questions.*

Medications - Please list medications taken regularly

| | | |
|------------|--------|-------------------|
| Medication | Dosage | Time of day taken |
| Medication | Dosage | Time of day taken |

Hand Sanitizer Permission

My child _____ has permission to use school-provided hand sanitizer. Yes No

Health Insurance Company _____ **Policy Number** _____

*I (We), the undersigned parent(s) of _____ (a minor) do hereby authorize Providence Christian School, as agent for the undersigned in our absence, to consent to x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care, which is deemed advisable by, and to be rendered under, the general and special supervision and upon the advice of any physician or surgeon licensed under the Medical Act, whether such diagnosis or treatment is rendered at the office of said physician or at any licensed medical facility. It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent in any medical emergency to any and all such diagnoses, treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. **This authorization shall remain in effect until revoked in writing and such revocation is delivered to said agent.***

Parents or Guardians

Father _____ Signature _____ Date _____

Mother _____ Signature _____ Date _____

A photocopy of this form is as valid as the original