

Providence Christian School

Student Emergency Information (2019-2020) Part I

(this 2-sided form is one per student)

Name _____ Grade _____
Last First Middle

Primary Contact _____ Primary Contact Phone _____

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

Name

Relationship

Phone

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? (if yes, add'l form required) Yes No

Does your child need an epi-pen to be kept at school? (if yes, add'l form required) 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. For any additionally required paperwork, please contact the school office. 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, but require additional forms. Please contact the school office with any questions.*

Medications - Please list medications taken regularly (if med. will be kept at school, additional forms will be required):

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	_____