

Student Emergency Information Form

Student's Legal Name _____

Last

First

Middle

Date of Birth: ____/____/____

Medical Information

Does your child have any ongoing health conditions (i.e. diabetes, epilepsy, heart disease, asthma, ADD, physical impairment, vision/hearing issues)? Yes No

If yes, please specify, including any immediate treatment required:

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Does your child have any allergies/intolerances (i.e. to medication, food, bee stings, insect bites)? Yes No

If yes, please specify, including any immediate treatment required:

–

Is your child currently taking medication? Yes No

If yes, please specify, name, dose, and time taken:

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Has your child had any serious injury, illness, or surgery in the past year? Yes No

If yes, please explain and list dates:

–

Does student have any physical disabilities or limitation which might require adjustments to a normal student schedule? Yes No

If yes, please explain:

–

Has the student ever been treated for any mental, emotional, or nervous disorders? Yes No



If yes, please give name, doctor, or facility providing care and dates of care given:

—

Is there any other information that may be helpful to school staff as they interact with your child? (Please explain):

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—

By checking the blank, I am giving permission for the school staff to administer the following:

_____ Antiseptic ointment and band aids

_____ Pepto-Bismol or Tums

_____ Pain killers; I prefer my child be given (Circle One):

Tylenol

Aspirin

Ibuprofen

In the case of an emergency, please list in order the persons who are to be contacted:

1. Father/ Mother: _____
Home phone _____
Father: cell phone _____ Work phone _____
Mother: cell phone _____ Work phone _____
2. Name: _____
Relation: _____
Daytime phone # _____

I, as parent(s) / legal guardian(s), with legal custody of _____ who attends Central Miami Christian Academy, give permission for a licensed doctor, physician, or emergency treatment center selected by the school to administer the necessary attention and aid immediately to our child should he / she become injured or sick during the time our child is under supervision and care of Central Miami Christian Academy and to do so without having to wait until we are contacted. We consent to any X-rays, examination, anesthetic, medical or surgical diagnosis, treatment, and



hospital care deemed necessary.

(Signature of Parent/Guardian)

_____/_____/_____

(Date)

