

**EMERGENCY INFORMATION AND AUTHORIZATION 2019/2020**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone number: \_\_\_\_\_

Mother's work number: \_\_\_\_\_ cellular number: \_\_\_\_\_

Email: \_\_\_\_\_

Father's work number: \_\_\_\_\_ cellular number: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian's work number: \_\_\_\_\_ cellular number: \_\_\_\_\_

Emergency contacts if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Home/work number: \_\_\_\_\_

Name: \_\_\_\_\_ Home/work number: \_\_\_\_\_

Physician/Clinic's Name: \_\_\_\_\_

Office number: \_\_\_\_\_

Please list any and all allergies your child may have:

\_\_\_\_\_

\_\_\_\_\_

Please list any information you think we should know about your child:

\_\_\_\_\_

\_\_\_\_\_

Please list any individuals who are allowed to pick up your child:

\_\_\_\_\_

\_\_\_\_\_

Please list any individual(s) who are not allowed to pick up your child:

\_\_\_\_\_

over

It is the general policy of First Christian School to transport to the local emergency room any child who is injured while in our care and requires emergency treatment. This authorization will allow First Christian School to obtain medical care for your child. It will also allow hospitalization, diagnostic testing, surgical procedures, and/or the administration of medications to my child if deemed necessary by a physician in an emergency situation. We will follow this general policy if the person in charge judges that a delay in securing treatment would not be in the best interests of the child. I understand that this authorization does not release the school from the responsibility to properly notify me (or someone designated by me) as soon possible in an emergency.

\_\_\_\_ YES, I want the above procedure followed for \_\_\_\_\_  
(Child's name)

I hereby authorize the calling of our family physician, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

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Parent or Legal guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ NO, I do not want the above policy followed for \_\_\_\_\_  
(Child's name)

I prefer the following procedure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent or Legal guardian \_\_\_\_\_ Date \_\_\_\_\_