

Student Emergency and Illness Information



Date:					
Student Name:					
	<i>Last</i>	<i>First</i>	<i>Middle</i>		
Date of Birth:			Age:		
Address:					
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

Parent or Guardian Information

Father's Name:					
	<i>Last</i>	<i>First</i>	<i>Middle</i>		
Phone Number:			Email:		
Place of Employment:				Work Phone:	

Mother's Name:					
	<i>Last</i>	<i>First</i>	<i>Middle</i>		
Phone Number:			Email:		
Place of Employment:				Work Phone:	

Emergency Contacts (other than parents)

Emergency Contact #1		
	<i>Name</i>	
	<i>Relation</i>	<i>Phone</i>
Emergency Contact #2		
	<i>Name</i>	
	<i>Relation</i>	<i>Phone</i>
Emergency Contact #3		
	<i>Name</i>	
	<i>Relation</i>	<i>Phone</i>
Emergency Contact #4		
	<i>Name</i>	
	<i>Relation</i>	<i>Phone</i>

Continued on back
2022-2023

Consent for Medical Treatment

Date:		
Student Name:		
<i>Last</i>	<i>First</i>	<i>Middle</i>
Insurance Company:		Policy #:
		Group/Member #:

Over-the-Counter Medicines

Do you authorize the school to administer the following medicines, if necessary?

- | | | | | | |
|--------------------------|-------------------------|--------------------------|-------------|--------------------------|--------------------|
| <input type="checkbox"/> | Acetaminophen (Tylenol) | <input type="checkbox"/> | Cough Drops | <input type="checkbox"/> | Prescribed Epi Pen |
| <input type="checkbox"/> | Benadryl | <input type="checkbox"/> | Ibuprofen | <input type="checkbox"/> | Tums |

In the event that my child(ren) become(s) ill or injured while under school supervision, I approve the school authorities to contact a parent or emergency contact (as listed on the Student Emergency and Illness Information form) and follow his or her instructions.

In the event of an emergency when neither parent can be immediately reached, I hereby authorize the school authorities to use their best judgment in contacting a properly licensed physician, or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting may be done by school provided transportation or, if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent being supplied and I cannot be reached, I hereby authorize, appoint, and empower the principal, teacher, or his/her designated representative to furnish such written or oral authorization on my behalf as it may be required.

I release the principal, teacher, or his/her designated representative and Parkview Christian School from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Parent/Guardian Signature

Date