

Emergency Contact and Medical Information for a Student

Child's Name		Date of Birth	M F
			Sex
Parent's/Guardian's Name		Parent's/Guardian's Name	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Health History

	Circle	Indicate Severity		Circle	Indicate Severity
Diagnosis of asthma?	Yes No		TB disease?	Yes No	
Birth Defects?	Yes No		Dental issues? <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate	Yes No	
Developmental Delay? If yes, Explain:	Yes No		Hospitalization? If yes, Explain:	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? If yes, Explain:	Yes No		Surgery? If yes, Explain:	Yes No	
Diabetes?	Yes No		Need Epi Pen?	Yes No	
Head Injury/Concussion?	Yes No		May use Sun block?	Yes No	
Seizures? If yes, Explain:	Yes No		Serious injury or illness? If yes, Explain:	Yes No	
Heart problems/Shortness of breath?	Yes No		Any Allergies?		
Heart Murmur?	Yes No				
Dizziness or chest pain with exercise?	Yes No				
Eye/Vision Problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts	Yes No		Any other Concerns?		
Ear/Hearing problems?	Yes No				

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

In the event that I cannot be contacted, I authorize Cathedral Baptist School to seek all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release Cathedral Baptist School and individuals from liability in case of accident during activities related to Cathedral Baptist School, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date