

Shannon Forest Christian School
Student Emergency Sheet for 2010-2011

Date: _____

Student's name: _____ Birth Date: _____ Grade: _____

To the Parent or Guardian: For the health and safety of your son/daughter, both sides of this form must be completed and returned to SFCS. To serve your child in case of ACCIDENT OR SERIOUS ILLNESS, it is necessary that you furnish the following information for emergency calls.

Mother/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

Father/Guardian: _____ Home #: _____ Work #: _____ Cell #: _____

List two that will be called ONLY in case of an emergency if you cannot be reached:

Name: _____ Name: _____

Ph# Home: _____ Cell: _____ Ph# Home: _____ Cell: _____

Please indicate any health conditions that require treatments, procedures, medications, or health monitoring for your child during the school day. Please list the physician treating your child as well as the office phone number.

List all allergies: _____

Is your child allergic to latex? _____ yes _____ no

Please note: No medication will be given without permission regarding amount and frequency.

The following over the counter medications are available during school hours:

(Please indicate all information for the medications your student has permission to receive from a school staff member.)

_____ Advil tablets (200 mg/tab): dosage _____	frequency _____	reason _____
_____ Advil liquid (100mg/ml): dosage _____	frequency _____	reason _____
_____ Benadryl tablets (25 mg/tab): dosage _____	frequency _____	reason _____
_____ Benadryl liquid (12.5 mg/5ml): dosage _____	frequency _____	reason _____
_____ Cough Drops: dosage _____	frequency _____	reason _____
_____ Hydrocortisone Cream: dosage _____	frequency _____	reason _____
_____ Neosporin: dosage _____	frequency _____	reason _____
_____ Robitussin (100 mg/5ml): dosage _____	frequency _____	reason _____
_____ Sudafed/Phenylephrine (10 mg/tab): dosage _____	frequency _____	reason _____
_____ Tums: dosage _____	frequency _____	reason _____
_____ Tylenol tablets (500 mg/tab): dosage _____	frequency _____	reason _____
_____ Tylenol liquid (160 mg/5ml): dosage _____	frequency _____	reason _____

Doctor Information:

Dr. _____
Phone: _____
Address: _____
Hospital Preference: _____
Hospital Phone: _____

Dentist Information:

Dr. _____
Phone: _____
Address: _____

Insurance Information:

Medical Insurance: _____
Insurance Policy#: _____
Phone: _____
Policy holder: _____

I, the undersigned, do hereby authorize officials of Shannon Forest Christian School to contact directly the persons named on this document and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physicians, other persons named on this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.

I hereby give permission for the health room personnel to administer the medication I have indicated above.

I will not hold Shannon Forest Christian School financially responsible for the emergency care and/or transportation aforesaid child.

Signature: _____ Relationship: _____ Date: _____