

EVANGEL CHRISTIAN SCHOOL

Phone: (703) 670-7127

EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent/guardian or a designated emergency contact.

STUDENT NAME	Date of Birth: ____/____/____	Today's Date ____/____/____
Last _____	Sex: M F	Grade Level _____
First _____ M. I. _____		

Father's/Legal Guardian's name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother's/Legal Guardian's name _____

Home Phone _____ Work Phone _____ Cell Phone _____

DESIGNATED EMERGENCY CONTACT

1. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Email _____

Work Email _____

2. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Email _____

Work Email _____

3. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Email _____

Work Email _____

STUDENT PICK UP AUTHORIZATION

1. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Email _____

Work Email _____

2. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Email _____

Work Email _____

3. Name _____ Relationship to student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Email _____

Work Email _____

STUDENT INSURANCE INFORMATION

Name of Health Insurance

Policy Number

Name and Telephone of Physician

MEDICAL INFORMATION (Check all that are applicable)

Does your child have any of the following?

- Food Allergies, what foods _____
 Medicine Allergies, what medicines _____
 Insect Allergies (bees, wasps, etc) _____
 Seasonal Allergies (pollen, grass, etc) _____
 Other Allergies _____

- asthma or respiratory condition
 digestive condition
 diabetes
 hypoglycemia
 heart problems
 hemophilia
 seizures
 hearing problems
 physical disability _____
 other _____

Are your child's allergies severe enough to require an Epi-pen? Yes No

Does your child use an inhaler? Yes No

List all medical conditions for which your child receives regular care

List all medications and dosages your child receives on a regular basis

Any prescription or non-prescription medications will only be distributed to students if an approved consent form is filled out in advance. Please see the office for more details.

The school has my permission, in a medical emergency, to take my child to the emergency room of the nearest hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well-being of my child.

(All parties having legal custody of the child must sign.)

Signature parent/legal guardian _____ Date _____

Signature parent/legal guardian _____ Date _____