



Northwest Christian Schools Early Learning Emergency & Medical Information

Student's Name _____ **Date of Birth** _____

Home Address _____ **Home Phone** _____

Father's Name _____ Cell: _____ H: _____ Wk: _____

Mother's Name _____ Cell: _____ H: _____ Wk: _____

Email Address(es): _____

Local Person to contact of parents are not available:

Name _____ Relationship to student _____

Cell: _____ Home Phone: _____ Work Phone: _____

Family Doctor _____ Office Phone number: _____

Family Dentist _____ Office Phone number: _____

Medical Insurance Provider _____ ID# _____ Group # _____

Date of last Physical Exam _____

Does your child have any health conditions we should know about?

Known Allergies _____

Medical Conditions _____

Medication? _____

Does your child need any special medication distributed during the day? _____

Where should your child be taken in case of emergency? _____

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. If recommended by emergency personnel, an ambulance may be the form of transportation needed. Your signature below is not sufficient for the release of confidential information provided by Federal Law.

Parent signature _____ Date _____

Parent signature _____ Date _____