



Christ the King School 2017-2018 Health and Emergency Form

Student's Name (Last, First) _____ Date of Birth _____ Grade/Room _____ M ___ F ___
Gender

Student's Address _____ City, State, Zip _____

Mother's/Legal Guardian's Name _____ Father's/Legal Guardian's Name _____

Daytime Phone _____ Cell Phone Can receive text _____ Daytime Phone _____ Cell Phone Can receive text _____

E-Mail _____ E-Mail _____

Student lives with (circle): Both Parents Mother Father Grandparent Other _____

In case of injury or sudden illness _____ will be called **first**.

The best way to contact me is by phone, e-mail or text. (circle please)

Alternative Emergency Contacts-if Parents cannot be reached

Primary Emergency Contact-relationship to student _____ Secondary Emergency Contact-relationship to student _____

(_____) (_____) (_____) (_____) _____ (_____) (_____) _____

Daytime Phone _____ Cell Phone _____ Daytime Phone _____ Cell Phone _____

Child **MAY NOT** be picked up by: _____

Student Health & Medical Information

Physician's Name _____ Phone Number _____ Insurance Company _____ Group & Policy Number _____

Student's Allergies—please list what student is allergic to and the reaction they have(rash, hives, nasal congestion, etc.)

- Anaphylaxis reaction to _____
- Allergies to medication _____ Food Allergies _____
- Environmental Allergies _____ Seasonal Allergies _____
- Insect Bites _____ Other: _____

List Medications Student Takes Daily _____

List Medications Student Takes as needed (allergy medications, inhalers, etc.) _____

STUDENT HEALTH HISTORY

			Details	Year			Details	Year
ADD/ADHD	Yes	No	_____	_____	Frequent diarrhea	Yes	No	_____
Asthma	Yes	No	_____	_____	Frequent Headaches	Yes	No	_____
Bladder Control Issues	Yes	No	_____	_____	Frequent Sore Throats	Yes	No	_____
Cardiac Issues	Yes	No	_____	_____	Frequent Stomachaches	Yes	No	_____
Color Deficient	Yes	No	_____	_____	Glasses/vision problems	Yes	No	_____
Concussion	Yes	No	_____	_____	Gluten Intolerance	Yes	No	_____
Diabetes	Yes	No	_____	_____	Hepatitis	Yes	No	_____
Eczema	Yes	No	_____	_____	Hives	Yes	No	_____
Emotional Problems	Yes	No	_____	_____	Learning Disorder/Dyslexia	Yes	No	_____
Epilepsy (Seizures)	Yes	No	_____	_____	Menstrual Cramps	Yes	No	_____
Fainting	Yes	No	_____	_____	Migraine Headaches	Yes	No	_____
Frequent Constipation	Yes	No	_____	_____	Surgery	Yes	No	_____

List any special concerns or needs that your student has _____

(Continued on back side) **SIGNATURES REQUIRED ON BACK PAGE**

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my student. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the Student to be given medical care by the doctor or hospital selected by the School. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgement of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill. I authorize the School to release medical information about my student to his/her care provider as well share information among School staff members to ensure maximum safety and health care for my Student. I authorize the School to release care and custody of my student to the emergency contacts listed above. It is understood that the consent and authorization given hereby are continuing and apply throughout the current school year. It is further understood that insurance or parent of student will pay any expenses incurred. Payment of such expenses is not a school responsibility.

Signature of Parent/Legal Guardian

Date

The following items are available in the health office: They MUST be checked in order for your child to receive them.

- Hand Lotion: for dry skin
- Sunscreen: for skin protection
- Cough Drop or Hard Candy: for sore throat/cough
(Ingredients of supplied items are listed on CTK web site/Health Office)

My signature gives permission for Christ the King School to administer the above checked items

Parent/Guardian Signature

Phone #

Date