



## Emergency Care 2018-2019

Student's Last Name

First Name

Date of Birth

Mailing Address

Zip

Father's Name

Cell Phone

Work Phone

Email Address

I give Calvary Baptist School permission to text me in case of emergencies.

Mother's Name

Cell Phone

Work Phone

Email Address

I give Calvary Baptist School permission to text me in case of emergencies.

In case of serious accident or illness and I/we cannot be reached, I/we hereby authorize the following doctor to give necessary treatment:

Doctor \_\_\_\_\_

Name

\_\_\_\_\_

Doctor's Telephone Number

Insurance Company

Policy Number

Name of Insured

**The welfare of your child is the first consideration of school authorities.** In case of a serious medical emergency or illness, an ambulance will be called immediately. Next, the parent or guardian will be informed. We will release your physician's name as well as your name to the ambulance attendant. In the event you cannot be reached, CBCS will call the authorized physician. For minor emergencies, CBCS will immediately contact you at home or at work.

It is your responsibility to make arrangements for proper care in case your child should meet with an accident or becomes too ill to remain in school at a time when you are away from home. Your plans may include:

1. Designating a neighbor or relative to care for your child in their home until you can be reached.
2. Arranging for a person to care for your child if you are routinely away from home.
3. Providing transportation home or to the doctor's office if necessary.

If my/our child becomes ill and I/we cannot be reached, please call:

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

Date of your child's last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(continued on the back side)**

**Please list the following information in the spaces provided:**

Special medical needs OR medical conditions: \_\_\_\_\_

Medicine and food allergies: \_\_\_\_\_

All medications that may need to be administered: \_\_\_\_\_

**Please notify the school if any of this information changes during the school year.**

**Father's Signature:** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mother's Signature:** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_