



**BRETHREN CHRISTIAN JUNIOR & SENIOR HIGH SCHOOL - Emergency Medical Info (2018-19 School Year)**

Student Name: \_\_\_\_\_ SPORT/ ACTIVITY \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Father/G'father/S'Father/G'dian: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\*\*Mother/G'mother/S'mother/G'dian: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\* Father Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ \*\*Mother Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Student Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Student Grade: \_\_\_\_\_

I. **MEDIC ALERT** (i.e. diabetes, epilepsy, allergies to medications, current medications being taken):

II. **EMERGENCY CONTACTS** (Other than parents):

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

III. **PHYSICIAN NAME:** \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Is your signature on file with this physician authorizing him to give emergency care to student in your absence? \_\_\_\_\_

IV. **INSURANCE CO. & POLICY #:** \_\_\_\_\_

V. **PERMISSION FOR TREATMENT:** I hereby give my consent for \_\_\_\_\_ to receive emergency medical treatment as considered necessary in the opinion of the attending physician or paramedic.

VI. The above-named student may be **RELEASED TO THE FOLLOWING PEOPLE** in case of an emergency (other than parents).

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

In case of an emergency evacuation of Brethren Christian Junior & Senior High School, I hereby authorize my student to be evacuated by a school designated driver to a site determined by the administration. A copy of this form may be given to paramedics in emergency cases. **Signature of BOTH PARENTS:**

Father/G'father/S'Father/G'dian: \_\_\_\_\_

Mother/G'mother/S'mother/G'dian: \_\_\_\_\_